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T H E

# HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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"IF OUR SCHOOL EVER GIVES UP THE STRICT INDUCTIVE METHOD OF HAHNEMANN, WE ARE LOST, AND DESERVE TO BE MENTIONED ONLY AS A CARICATURE IN THE HISTORY OF MEDICINE."—*Constantine Hering.*

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EDITED BY

EDMUND J. LEE, M. D.

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THE  
HOMŒOPATHIC PHYSICIAN,

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Vol. IV.

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No. 1.

EDITORIAL.

SYMPTOM COVERING.—The practice of Homœopathy is comprised in the words *symptom covering*—nothing more, nothing less. But *symptom covering* means a great deal, and what at first sight would appear an easy, childish task, on further examination, and when carried out to its fullest, broadest limits, becomes an herculean task—one which requires the keenest observation, the nicest judgment, the best-educated mind of any work we know of. This can be easily illustrated. Suppose a case is before you for treatment: Is your duty fully performed by merely asking a few general questions, and then carelessly prescribing a remedy? This is very often done, and failure is the result. But the physician who *tries* to practice Homœopathy performs his duty in a much more thorough manner. He examines his patient most carefully; every symptom is noted down, and each is fully inquired into. Nausea is complained of. Shall that pass as a symptom? Never; it is of no value. What is the character of the nausea? When felt? What causes or relieves it? These questions being answered, the combined symptom becomes of value. The patient is constipated. Is constipation a symptom of value? Not at all; all its conditions, peculiarities, etc., must be known before it can be any assistance in prescribing. So we learn that *each* symptom must be studied and investigated. But, to be brief, let us suppose the proper

remedy to be found. The next question is, How shall it be given? How often and in what potency? The nicest judgment is needed to correctly solve this knotty problem. Experience alone can furnish the ability to do it successfully. As a general rule, it may be said that it is best to give a high potency (say thirty or two hundred) in *one dose* for the first prescription. If that fails to do good (symptoms being the same), then go higher and try more frequent doses. A few doses in water, given one, two, or three hours apart, for, say, a half dozen times, will often be found of service. In acute attacks, occurring in patients of general good constitution, it is simply astounding to observe the effects of this *one dose*. No one will or can credit the power of this single minute dose *until he has tried it*. This much may be safely relied on: in repeating your medicines, *look at the patient, not at the clock or calendar!* It is stupid to say, as some do, In acute cases repeat every few minutes; in chronic, every few days, etc. In neither acute nor in chronic cases will the wise doctor repeat the remedy while the case is improving, no matter whether the last dose was given ten minutes since, or ten days, or ten weeks ago. The patient is improving. What more can be secured? A faster recovery? Nature generally selects the proper pace, and your attempts at spurring her on can only be injurious.

But it may be asked, How is one to know if the patient is improving? Here pathology comes into service. The physician should be able to properly name, to catalogue, so to speak, the disease. This is important, as it enables one to know the general course, the clinical history of the case before him. Knowing, then, the course which such cases generally run, he can readily judge if the changes in the case before him indicate improvement or the reverse. If improvement be evident, one's duty is clear: let the patient alone. But suppose the symptoms indicate aggravation, what then? Is the aggravation due to the remedy—this will rarely be the case if only one dose be given at first, as a "feeler"—or is it due to the disease? Such questions arise every day, and upon their correct solution depend the patient's life, the physician's reputation. This difficulty can only be met satisfactorily in each case by a careful comparison of the patient's symptoms and those of the disease from which he suffers in general. If the aggravation follows immediately, and somewhat suddenly, upon the giving of the medicine, it would be safe to wait before doing anything. On the other hand, if it appears to be such as is common in the disease, it would be better to repeat the remedy, or to change, if symptoms clearly indicate another medicine.

It is well to think over the cases one is about to visit during

the day, to decide in one's mind as to the condition you expect to find them. Thus, Mr. A, yesterday, was so-and-so. If my medicine has done its work, he should to-day be in such-and-such a condition; if my prescription was faulty, and the disease is running its common course, he will present such another condition. This mental review of cases can be easily done as one goes from house to house, and will be found of much service. The sick-room, with its confusion, anxieties, and questioning friends, is a poor place for careful reflection.

To recapitulate, in symptom-covering the following require careful attention:

First, the thorough examination of the patient to acquire the basis of the prescription.

Secondly, the selection of a drug upon the symptoms gathered.

Thirdly, the choice of potency, the decision as to the frequency of the dose.

Fourthly, the changes occurring in the patient; do they indicate improvement, or the reverse? shall it be *Sac lac*, a repetition of the remedy, or a new selection?

Fifthly, in chronic cases the presence of a chronic miasm, psora, syphilis, etc., must be ascertained.

These few sentences give but a faint idea of the many difficulties to be met with in the practice of Homœopathy. The work is most arduous and exacting, but well performed, the reward is great. Only to those who have never tried this method thoroughly does it seem easy or foolish or unscientific. The greater the mind, the riper the judgment, so much the greater and grander will the success be. Success in homœopathic practice comes not often to the dolt nor to the sluggard.

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## VITAL FORCE.

P. P. WELLS, M. D., BROOKLYN.

[*Read before Kings County Homœopathic Medical Society, Dec. 4th, 1883.*]

"Is there any such thing as the vital force? \* \* \* \* It is quite universally decided by modern scientists that there is no such thing as vital force."—*Medical Advance*, Nov., 1883.

It is not a very exalted employment, that of attempting to demonstrate self-evident facts! If the question were asked, Is light from the sun? it would be a sufficient answer to reply—Look and see. That light is from the sun is not a more self-demonstrated fact than is this other, the existence of which we are told is "universally denied by modern scientists." It is

demonstrated in the execution of every function of each organ of the body. In sanguification, circulation, digestion, absorption, assimilation, nutrition, excretion, secretion, voluntary and involuntary motion, sensation, thought, emotion, as well as in whatever of phenomena are manifested in the organism which distinguish the living from the dead man. And yet we are told "modern scientists universally deny" the existence of this self-demonstrated fact! What then? That which is most evident, as the outcome of this silly denial is, that it is so much the worse for these negators, who style themselves *scientists*. No *fact* can be extinguished by negation, and, least of all, facts which demonstrate themselves in every phenomena of *living* existences. Such facts remain, deny them who will, the same after as before negation. And this fact, said to be "universally denied," by men who should know better, will continue as long as distinctions exist between the living and the dead, and long after these scientific negators have ceased to exhibit, in their own persons, this characteristic of universal life. It depends for its existence on no man's recognition or acceptance. It cannot be blotted out by negation, though universal, even by self-styled "scientists."

What is that in the human organism which, while present in it, preserves its parts in integrity of tissue and function, which, when removed, these pass under the dominion of laws that reduce the whole to destructive dissolution? While present, this something, whatever it is, protects the material tissues from the action of chemical laws which control all other forms of matter, *i. e.*, all matter not pervaded by life; but this something removed, the material body passes under these laws, and by them into its constituent elements, and organism is no more to be predicated of them than if they had never entered into the constitution of a moving, thinking, sentient organization. What is this, the presence or absence of which is attended by such vast consequences? It is that, and that only, which we are told "modern scientists universally deny" having any existence at all. Let them, then, account for this preservation and this dissolution, excluding from the problem this rejected fact, if they can. The man who but a moment since was before us in perfect exhibition of bodily and mental functions, now is seen, by God's providence, or accident, if the expression be preferred, deprived instantly of all these, and yet the material body is as perfect in all its parts as before. He is, as to all perceptible physical facts, the same he was when these functions were active, and yet these have all stopped. What has happened?



Matter pervaded by life presupposes matter in motion. In the living human body, the aggregate of these motions are summed up in the word function. All the functions of bodily organs are the results of the motions characteristic of life. Now, motion implies a motive power. To predicate motion without such power or force is to perpetrate an absurdity in philosophy than which no greater can be imagined. It is not forgotten that one at least of these "scientists"\* has attempted to explain these functional movements by referring them to the action of cell walls, intercellular contents and spaces on each other. That this attempted explanation is wholly inadequate is apparent from the fact that in the dead man we have supposed, cell walls, contents, and interspaces are the same, so far as human perception can see, after functions have ceased as before, and yet all motion has stopped, which, if the motive power were inherent in these physical parts, and relations, and functions only resulting from the action of these on each other, as this attempted explanation assumes, it should not have done. On the contrary, while these parts and relations continue, motion (function) should go on. In other words, cell walls, intercellular spaces and contents continuing, life must continue with all its functional motions, and death be a physical impossibility. It will be remembered, these functions have stopped, and men have died all the same, since this fanciful explanation, as before, which would have been impossible if the motive power of function had been inherent in these physical parts and relations. The parts and relations continuing intact, motion derived from their action and reaction on each other must be perpetual, in the very nature of things. But motion and function stop, and the explanation stands before the fact convicted of inadequacy and stupidity. At the same time another power is demonstrated, which pervades these cells, etc., wholly distinct from them, and by which these are moved and controlled. This other power it is to which we refer when we speak of *vital force*. There need be no hesitation in affirming its existence, or in ascribing to it the execution of all the functions of the living body. There need be no hesitation in recognizing this power as inseparable from all life, and which the negations of all so-called "scientists" are as incapable of removing from the phenomena of life, as they are of removing the Alps to the midst of the sea.

This power it is, then, which governs and executes all the functions of life. In this view, then, its importance becomes appa-

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\* Von Grauvogel.

rent. It is seen at once that a just view of this power must underlie all *true pathology*. This being the science of *sick* life, and the functions of life being wholly under the control of this power, it follows that sickness is primarily a disturbance of this power as revealed in the changed functions, now only imperfectly performed, or not performed at all, because if the impress of the morbid cause on this power, by which its action on organs and functions is changed from that balance of the action of each on the other which is conservative of the whole, and of all parts of the body, which we call health, to that loss of this balance, which we call disease. This is just what sickness is, and denying the existence of this power and excluding it from all views of sicknesses, it is no wonder that those who affect a pathology from which this power is excluded should find this science, so eviscerated, practically "*misleading*."\* And then it should be borne in mind that those who refuse to recognize this power in their physiology and pathology have brought to our knowledge no substitute by which they would have us understand how the processes of life are executed. The whole is left blank by them as to any executive power by which life functions are effected, either in health or sickness. They leave the whole in dead negation and confusion. While denying this explanation of health and sickness, given by Hahnemann, they give us no other or better in its place. They, at least, some of them, affect a pathology which regards diseases as a kind of entities, things distinct from the suffering individual, to be marked out and *named*, and the first great duty of the prescriber is done, though this thing, which they call pathology, has its only existence in their own unenlightened imagination.

It is not difficult to see then how a knowledge of this power underlies all true philosophy of health and sickness, as, most certainly it does, the philosophy of Homœopathy. It is the one great starting-point from which all rational investigation of both must begin. To deny its existence is to cut off the only light in which each can be distinctly seen and understood. "*Scientists*" may do this, if they will, but in so doing they displace the chief corner-stone of the only true sciences of pathology and therapeutics, which certainly is not a work a true "*scientist*" should be proud of.

But says the *Advance*, "The facts of Homœopathy are one thing, the philosophy of Homœopathy is quite another." Just so. Just as the foundation and superstructure of a building are

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\* W. S. Searle, in *North American Journal of Homœopathy*.

not identities, but they are inseparable, and the one without the other is void of all utility. The *philosophy* of Homœopathy rests on its *facts*, and this it is which renders its standing impregnable. And it is this chief corner-stone of its foundation, a self-demonstrating and self-demonstrated fact, which has so largely sustained its philosophy and its practice in the hands of those whose successes have given this practice a world-wide repute and acceptance. It should not be forgotten, that it is not those who have been foremost and loudest in proclaiming that Hahnemann was guilty of fallacies, errors, and ignorance, and who have placed this fundamental power in healthy and sick life as one of his fallacies, who have contributed aught to the successes which have carried the philosophy and practice of this great man over the civilized world.

We have seen the importance of the fact we are discussing, the *Vital Force*, to all right understanding of life, sick and in health. We have found it the chief corner-stone of homœopathic philosophy, and we may add, without this force as a chief factor, Homœopathy *has no philosophy*,\* neither can there be, without this force included in it, any rational philosophy of life, health, or sickness. We shall now go farther, and show, if we may, that a right recognition and knowledge of this force is no less indispensable to a useful and successful practice of this philosophy.

The practice of the homœopathic philosophy is the curing of sicknesses by applying agents to this end, in accordance with the law of similars. The first duty then, in this practice, is to obtain a clear view of the facts (totality of the symptoms) of the sickness which we are to cure. They are to be found in the changed function or functions of some organ or organs, from that harmonious action which we call health, to dissonance of this harmony which we call sickness. Now, this force which we have been discussing, we have seen to be the governor and executant of all functional action, and, therefore, if this harmony be changed, the impress of the changing cause must have been primarily on this governing and executing force, and the changed

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\* It has been said of one who was combating an argument of one of our ablest homœopaths, that he thought when he had refuted this principal fact in his opponent's argument, the vital force, that Homœopathy itself would "topple to the ground," and he was quite right. The philosophy, and all connected with it, goes when that is taken away on which it principally rests. The great difficulty is, in this argument, to displace a self-evident fact, which the Almighty has planted in the very foundation of His philosophy of life and therapeutics. Negation, even by so-called "scientists," is not adequate to the task.

functions are the result. It is not then a *material thing*, distinct from the suffering body, with which we have to do, but a condition resulting from change of action of this force, which has wrought change of function, *i. e.*, sickness. This factor in the problem of healing, the group of morbid phenomena, or the totality of the symptoms, then, is an immaterial factor, a changed mode of action.

The second duty is, to find in the record of the *materia medica* that agent which has been found by actual experiment to have produced similar changes of function in those who were in health when the drug was taken. That one which has produced changes the *most* similar is the most certain cure. And we may add, and we do so with confidence, the result of long practical experience of the truth of this fact, that the greater the similarity of these two factors in our problem of curing, the higher should be the potency employed, and the cure will be the more certain, rapid, and perfect. The immaterial nature of the morbid cause, acting on this immaterial force, which controls function, producing changes in this which are also immaterial. These changes are best met (the most like having been ascertained) by potencies of the agent which are also immaterial, which those we now call "*high*" certainly are.

Here, then, is the view of pathology which belongs to Homœopathy, as a part of its distinctive philosophy. It was first promulgated by Hahnemann, who has, from the beginning of his career till now, been libellously accused of having "*no pathology*," and this though he proclaimed the only rational pathology the world has known, at the same time he gave his science of therapeutics, which is in so beautiful harmony with this pathology. This pathology should stand in sharp contrast with that *pseudo* pathology which from a few generic facts predicates an internal condition, gives this a *name*, and so erects an objective for practical effort. It imagines a condition, *i. e.*, guesses at it—and then imagines drug A, B, or C will remove this condition, *i. e.*, guesses at it—gives the drug, which very likely produces more of sickness than it cures, and then those who thus practice cry out, Behold "*scientific medicine!*" It will be seen here that each element in the prescription is a *guess*, and nothing better. As opposed to this, each element in a *true* homœopathic prescription is a fact which may be *positively known*. What, in view of the above discussion, can the "*scientist*" have known or been thinking of when he denied the existence of a vital force? Is the denial calculated to increase our respect for so-called "*scientists*"?



But it is said—

“He who says Homœopathy as a science is the law of vital force, is talking in a language common enough half a century ago, but wholly out of date to-day.”

How out of date? The “vital force” is a fact, or life is not a fact. To talk of life without force is to talk of a life which is only a synonym of death. We have seen the life-force to be a *fact*, and we have seen it in the execution of its offices. Then how is speaking of it out of date? Do *facts* become “*old fashioned*”? The fact is certainly an old one, dating its existence back to the creation of the first man of the race, and will continue its offices till life in the last has ceased. It has never, that we know of, been superseded in its offices by any other fact or force; and to talk of this now is no more out of date than it was “half a century,” or half a hundred centuries, ago. Facts in nature do not often become obsolete. This one never has, but is still active and beneficent as it was when first planted in the being of the progenitor of our race. Did the writer mistake “out of date” for “out of fashion,” accepting these “modern scientists” (who often *know* less than they think they do) as the arbiters of fashion? Truth may become unfashionable, but never “out of date.” It may become unfashionable, but then it is only so much the worse for the fashion. That so important a truth as this should become so, a truth which makes so important an integer in all rational philosophy of life, sick or in health, *i. e.*, in all rational physiology and pathology, and a right understanding of which enters so largely into all intelligent treatment of sicknesses, is a reproach to the present current of thought and to the teachings and influences from which this fashion of discarding truth has arisen. It is to be remembered with gladness that we have still with us some who retain a knowledge of this truth and the courage to assert it, though the fashion of so-called “scientists” may be disposed to thrust it aside with scorn.

The *Advance* complains of the definition of disease as the “impairment of the equalization of the vital force.” If it has a better or more intelligible definition of the facts of disease, let it be given, and let it have all the consideration it merits. In the absence of all other definitions we accept this. It comprehends in itself the facts of the matter defined, and we see no wisdom in abandoning this till a better is offered. In the meantime, till a better is given, will it not be well to stop the cry, of which we think we have now had more than enough, of “no pathology”?

## DR. PEARSON AND THE I. H. A.

Dr. C. Pearson, at the instigation of prominent members of the I. H. A., and as executive officer of the Association, has arraigned the undersigned before the tribunal of the medical profession, in *THE HOMOEOPATHIC PHYSICIAN*, Vol. III, p. 361. The arraignment is :

*First*, to have attempted to establish as an "historical fact" that the I. H. A. has, by resolution or otherwise, indorsed the opinions of Dr. Swan.

*Second*, to have set up a man of straw (Samuel Swan?), on which he has trained his artillery for over a year.

*Third*, that the declarations by the I. H. A. contain publicly expressed opinions that it was the original object of the I. H. A. to reform the Institute are false.

*Fourth*, that too much noise has been made over the new heresy.

To the *first and second* points we answer : For over a year the homeopathic profession has been disgraced by an attempt to set up newly discovered laws, viz. : That the morbid product of a disease will cure the disease itself if said product is highly potentized. This assertion has been made by Dr. Samuel Swan in print over and over again. There may be a difference of opinion on that subject. Dr. Pearson may cunningly try to defend this heresy, and appeal to a sentence at the end of the first volume of *Chronic Diseases* by Samuel Hahnemann. For my own part, I take the liberty of denouncing now, as severely as ever before, this heresy. I call the attention of the executive officer of the I. H. A., and of the prominent members of the Association who sustain him, to a simple documentary evidence. *Vide Hahnemann's Organon*, original German, fourth edition, page 67, or the fourth American edition, page 86, or even that mistranslation by C. Wesselhœft, page 59. Hahnemann there fully exposes the fallacy of Lux, who attempted to proclaim and substitute *æqualia æqualibus* as the true principle in therapeutics, exactly as Swan does now. Two years later he wrote the *Chronic Diseases*. He there sets forth that he has omitted Psorinum from among the antipsorics because it *was not sufficiently proven*. (He did not say because it was not sufficiently potentized.) Hahnemann was very severe in his denunciation of that heresy, and if his words will bring comfort to Drs. Swan, Pearson, and others they must be ready to be comforted by harsh handling. We did say that the I. H. A. *sanctioned* Dr. Swan's heresies, and came to that conclusion because of the silent consent given to the published heresies by a member.

of the Association ; but now we have to thank the executive officer who now unhesitatingly says, "It is not proposed in this connection to defend Dr. Swan ; he is amply competent to do that for himself." Dr. Pearson here plainly admits that Dr. Swan's heresy is *defensible*, because it is all right and *indorsed now* by the executive of the I. H. A. We now say the I. H. A. *indorses* every heresy Dr. Swan has seen fit to advertise, and have used as proof of this assertion "documentary evidence." To the third point we answer : At the beginning of the organization of the I. H. A., the question was asked by the presiding officer (Dr. P. P. Wells), "What is the object of this Association ?" The accused made then the very first declaration, and was not contradicted by Dr. Pearson. The object, as by him stated, was to attempt to "reform the Institute," and that it was by no means to be inferred that a secession from said Institute was contemplated. We thank Dr. C. Pearson for the information he gives us now—that this was *not* the object. We knew that long ago, and because we were *mistaken* as to the real object of the I. H. A. we "resigned our connection with it."

*Fourth*, that too much noise has been made over the new heresy. To this accusation we plead guilty ! The Lux heresy died a natural death over half a century ago, and being resuscitated now by a philosopher in Gotham gives no assurance that it will live any longer than the Lux mania ; and really we feel sorry to have wasted so much ammunition without even convincing so astute a healer as is Dr. Pearson that Dr. Swan's discoveries are utterly ridiculous on the face of them. And taking leave of our friend, Dr. Pearson, we have only to say to him that the Lippe Society which he mentions has never even intimated that it is a reformatory body—it is composed of a body of men who believe in the teachings of Hahnemann ; who have the moral courage to form a social club ; who mind their own business and discuss progressive Homœopathy. We leave eclectics, allopathists, isopathists, specificists, quacks, and faith-curers alone ; give them rope enough, we say, and they will hang themselves.

Dr. Gregg strictly adheres to the teachings of Hahnemann, and is true to the cause ; Dr. Swan sets aside all of Hahnemann's teachings, and is not true to the cause.

And as Dr. C. Pearson has changed his mind as to the policy of "masterly inactivity" he has so stubbornly followed for years, we may hope that at a future day he may change his mind and abandon his advocacy of isopathy and kindred heresies, and remember that truth and error can never co-exist together, and that you cannot touch pitch without soiling your fingers.

PHILADELPHIA, Dec. 7th, 1883.

AD. LIPPE.

## OUR DUTY.\*

J. COMPTON BURNETT, M. D., Lecturer on Materia Medica to the London Homœopathic Hospital Medical School.

In medicine, as at present known to the world, the only really catholic practitioner of medicine is the broad-minded scientific homœopath. He alone is not sectarian, but progressive and universal. As we go on, if you will do me the honor of listening to me, I shall hope to show you that we practice homœopathically, not, as our calumniators tell you, because we are narrow sectarians and desirous of holding a distinctive position by ourselves, but because we have gone over the entire field of drug therapeutics, and *tried all systems and methods*. Mark you what I say, because this is very important. We have gone over all systems and methods of the drug treatment of disease; we have studied their various merits and demerits, and this in a genuinely catholic, non-sectarian spirit, and having thus covered the whole ground, we find Homœopathy *the best*. Let your minds dwell upon this point a little, for it alone explains the seeming paradox of our position. At the first blush it seems perfectly obvious that a medical man who adopts a peculiar mode of practice must necessarily be a sectarian. We, as homœopaths, are bitterly reproached with this. Many of the best of the profession say to us, "Drop your name and all will be well, and the breach will be healed. We have no objection to *you*, but to your name." Then why not drop the name? I will tell you. *We cannot drop it, because Homœopathy is practically unknown to the bulk of the profession, and exists as a separate thing*. It is really not we who keep the name alive, but the ignorance of the profession of the subject. When the entire profession advances up to the present standpoint of Homœopathy, then the word medicine will *include* it; and having no separate existence, it could not, in the nature of things, have a name to go by, except as the heading of a chapter in history. What Homœopathy now means is the most advanced point in therapeutics, and this extreme van cannot be given up till the entire profession have reached it. When we say we are homœopaths, we do not mean that there is in medicine nothing else but Homœopathy, but we mean that in the curation of disease by medicines we have found the law of similars our *best* guide. We have arrived at this extreme point, not by

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\* The following is an extract from an excellent Introductory Address delivered by Dr. Burnett at the London Homœopathic Hospital, October 5th, 1883.



springs and bounds, or in a hurry, but after going over all the rest of the field and leaving that as less advantageous. Hence our being homœopaths is *not* the outcome of narrow sectarianism or love of a distinctive name from any motive whatsoever, but the result of a broad, eclectic, catholic survey of the entire field of therapeutics. We do not say there is nothing but our homœopathic advance point; by saying we are homœopaths we indicate our position in the great field of drug therapeutics, and in indicating our own we characterize the position of others. And our characterization signifies that all other modes of using drugs are *far* behind us. We do not say the others have no existence; no, we merely say they are *far* behind us, and hence do not exist for us, just because we have something better—so much better that we wax warm in our zeal, we become enthusiastic, and beckon to our allopathic friends in the *rear* to come on, to press forward to where we *are*. Now, our orthodox friends in the rear have no knowledge of the topography of the region occupied by our army in the van; they remain behind, where we used to be lang syne, and steadfastly refuse to believe we are anywhere at all. We shout back to them that we are in a glorious country with immense resources, and ask them to join us and help us to occupy it and cultivate it for the advantage of humanity, and therefore of us and of them. But they will not believe us. So, remember that if any of you medical students aspire to be in the very van of therapeutic science, you *must* find yourselves with us. You cannot help it. Of course, you may abjure the birthright of a free manhood, and join the crypto-homœopaths. Well, they serve a purpose. So did Judas. And to whom, think you, comes the serene satisfaction of duty done? Not to the crypto-homœopaths, who merely serve as a kind of co-operative asses' bridge; they are what schoolboys call sneaks, and a sneak's reward is theirs. I envy them not. They will do nothing great; they will never feel great, they will never feel *noble*, they will never *be* great; for no sneak ever yet became great. That divine afflatus which makes a noble heart bound on to greatness of aim comes not to the sneaky crypto-homœopath. If we aim high we *may* mount to goodness and greatness of soul and deed, but the sneak is a miserable groveller even when at his highest. Some of you may not share these sentiments. Well, I am content to hold them with the choice few; or, if need be, alone. Now, if the profession at present, for the reasons given, cannot be our judges, and if only medical men can be admitted judges of medical questions, how are the claims of Homœopathy to be settled? How is the world—*i. e.*, our fellow

human beings—to know whether our opponents or we are right? The *only* way *at present* open to us is to show that Homœopathy cures better than other systems of drug treatment. Gentlemen, there is *no* other way open to us; either we must be false to therapeutic truth and to our common humanity, or we must follow this course till better times dawn, till the general profession advance to within speaking distance of us. What, do you say you would recommend an appeal *ad populum*? Did you not yourself admit that only medical men can adequately grasp the subject? Yes, I do admit that; but we must do our best, and our best *at present* is to convince the people, and so *compel* the profession to listen to us and give us fair play. But an appeal *ad populum* is beneath our dignity, and is unprofessional. Well, if so, then that dignity is a false sheen and no reality, and the profession is an enemy of mankind. As for me, I will prefer the *mens conscia recti*, and will do my duty. You may hiss these sentiments if you like, but I hold them, and I will express them, and am prepared to stand or fall by them. What! do you tell me that I can hold that our Homœopathy is a great life-saving truth, and yet I dare not proclaim it? What! Do you mean to tell me that Homœopathy cures disease better than any other known mode of drug healing, and yet I must hush it up because an interested, prejudiced editor calls it a “fad”? Do I read that Homœopathy minimizes the hideous ravages of small-pox and robs cholera of its terrors, and yet I may not make it known? It is known to me—thanks to the immortal Hahnemann—thanks also to my honored master and predecessor in this chair, Dr. Hughes—it is known to me that *Aconite* will jugulate a simple fever, and shall I seek to hide this knowledge, of which I and mine have the immense advantage, and thus, hiding knowledge, put myself on the level of a common nostrum-monger? Why should you and I have the boon of such knowledge and not others too? Are we priests of the Dark Ages, that we should band ourselves together to shut up the knowledge of the curative action of drugs, and our mode of finding it out, within our own magic Druidic circle that we call the profession? Do those of you who are such strong professionalists really mean that? If you do, then you are at liberty to burn my doctor’s diploma, or throw it into the nearest gutter; for if that is the spirit of the profession of medicine, I would rather be outside it. If that is really the aim of the medical profession, it becomes in the aggregate merely a huge co-operative association of nostrum-sellers; and then to be professional must mean not to impart any knowledge to outsiders, to the end that profits may never grow less.



## ISOPATHY OF THE PAST AND THE FUTURE.

Culpeper's *London Dispensatory* was in its day a famous work ; from it a few paragraphs are quoted to give one some idea of the isopathy of the past. By the way, Dr. Culpeper signs himself "Nich. Culpeper, Gent. Student in Physick and Astrology," showing how medicine and astrology were practiced together in former days. But we can scarcely relegate this practice exclusively to *former* times, for have we not in these latter days preparations of "Sol," "Luna," etc.!!

At page 30, of the old edition, we find some remarks on the use of "living creatures" in medicine. Thus : "The flesh of vipers being eaten, cleer the sight, help the vices of the nerves, resist poison exceedingly ; neither is there any better remedy under the Sun for their bitings than the head of the Viper that bit you, bruised [trituated:] and applied to the place, and the flesh eaten, you need not eat above a drachm at a time,\* and make it up as a troches of Vipers. Neither any comparable to the stinging of Bees and Wasps, &c., than the same that stung you, bruised and applied to the place."†

"Land Scorpions cure their own stings by the same means, the ashes of them (being burnt) potently provokes the urine and breaks the stone."

So much for the isopathy of the past. It was a crude thing and possibly of little service, though its adherents doubtless boasted most confidently of its value. To the isopathy of the future we turn with the greatest expectancy ; before it lie the grandest achievements, for through its beneficent powers immortality itself will be reached. And in this way. In Salmon's *New London Dispensatory* (A. D. 1678) we are told how to prepare the "Aqua Divina." Thus, "Take the whole carcase of a man violently killed, with the Intrails, cut in pieces, and mix [*i. e.*, triturate] them, distil it from a retort,‡ twice or thrice." "It is reported to have a Magnetic power."

Now, we all know that "potentization makes the medicine homœopathic," *therefore*, all we need to do is to properly potentize this *aqua divina*, and, lo ! we possess a remedy homœopathic to death itself ! (Who will *dare* say the "Wandering Jew" is *not*

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\* We fear Dr. Culpeper was a member of the American Institute, and believed in using doses that one could *see*, *taste*, and even *smell*. The practice is reprehensible.

† Topical applications are injurious, *vide* I. II. A. resolution No 11,822.

‡ By "retort," our forefathers probably referred to a F. C. potentizer.

an isopathist, and *hence* the longevity of his days?) What an imposing and beneficent role will this isopathist of the future play! See him as he solemnly and yet confidently enters the chamber of death; on the bier lays the dead, around it gather the sorrowing relatives and sad friends. Slowly affixing his potentizer to the nearest cold water spicket, the isopathist promptly potentizes a piece of the dead man's flesh. When this crude mortal substance—a product of disease—is duly raised to the immortal, ethereal sphere of DCM, a drop is carefully placed on the cold tongue of the deceased. The effect is magical. The stilled heart once more pulsates, the inactive nerve centres again send forth their electric commands, the palsied muscles once more are active, the deceased arises, and sorrow is turned into joy. The doctor gets his fee; the undertaker, his dismissal; the heirs, nothing!

Then, indeed, may the isopathist exclaim, in the beautiful words of St. Paul:

“O death! where is thy sting?  
O grave! where is thy victory?”

LUX.

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### AMM. CARB. AND KALI CARB. IN MORNING COUGH.

Both Amm. carb. and Kali c. have violent cough in A. M., between three and four o'clock. The difference between the two is this—the Kali c. cough improves after breakfast, not so the Amm. c. cough; it continues with more or less severity all day. Again, Amm. c. has *choking* sensation with its chest symptoms, Kali c. has not. Also, Amm. c. has sense of suffocation; this is so bad sometimes that the patient cannot bear to have the bed-clothes brought anywhere near his mouth for fear of choking; terrible aggravation from going into warm room under Amm. c.; face gets deathly pale, and patient cannot move—must sit perfectly still. The Amm. c. patient chokes in his sleep, which wakes him. Kali c. acts more on the right lung, Amm. c. on the left. Amm. c. is worse lying on left side, Kali c. on right side.

C. CARLETON SMITH.

[Kali c. has suffocating and choking cough at five A. M. as if caused by dryness of larynx. She is prevented from talking by spasm in chest, accompanied by redness in face and heat over whole body. (Jahr.)—L.]

## IMPORTANCE OF MENTAL SYMPTOMS.

Although most homœopathic physicians tacitly acknowledge the great importance of mental symptoms, few, we believe, give them their just value. Hahnemann wrote (and it is well, once in awhile, to recall his advice): "The moral state of the patient is often the most decisive in the choice of the homœopathic remedy." To illustrate this he adds: "Aconite seldom or never effects a rapid and permanent cure when the patient is quiet and even; or *Nux vomica*, when the disposition is mild and phlegmatic; or *Pulsatilla*, when it is lively, serene, or obstinate; or *Ignatia*, when the mind is unchangeable and little susceptible to either fear or grief."

It is by attention to these little things—seemingly so meaningless, pathologically so useless—that the homœopathic physician achieves his grandest cures.

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## CLINICAL BUREAU.

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### CANCERUM ORIS—BAPTISIA.

WALTER M. JAMES, M. D., PHILADELPHIA.

November 8th, was called to see a child five years old, suffering from sore mouth. The roof of the mouth and the tongue were covered with small ulcers. An abundance of saliva flowed from the mouth, the tongue was covered over with a thick white, exceedingly moist coat, the edges being red. Breath fetid. I gave *Mercurius* and waited five days. At the end of this time I could see no perceptible improvement. I therefore studied the case anew. In Hering's *Condensed Materia Medica*, under *Baptisia*, I found the following symptoms, all of which agreed with the patient's condition:

Putrid ulceration of buccal cavity with salivation.

Well-developed ulcers.

Gums loose, flabby, dark red, and fetid.

Fauces dark red; putrid ulcers; can swallow liquids only.

Tongue white, with red papillæ, the edges red and shining.

I gave *Baptisia*<sup>1m</sup>, and in three days the whole trouble had disappeared.

## GOUTY RHEUMATISM—LACHESIS.

WALTER M. JAMES, M. D., PHILADELPHIA.

A gentleman summoned me to attend him in an attack of gouty rheumatism.

The left foot was much swollen, very sensitive to pressure, and could not sustain the weight of the body. He therefore walked with crutches. No symptoms of any value could at first be found upon which to prescribe except that he had been subjecting himself to the action of quack medicines. *Nux vomica*<sup>20</sup> was given, but without effect.

Finally it was observed that the pain began on the *left* side of the foot, and went over to the *right*; that the next day the inflammation extended from the *left foot* to the *right*. Here was a well-known indication for *Lachesis*. This medicine was given with immediate relief. A few days later, the improvement seeming to be fading away, three or four doses of *Lachesis* were given at comparatively short intervals. At once there was a great aggravation of all the symptoms. By the simple expedient of withholding all medicine, the aggravation disappeared and the patient quickly got well.

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## CLINICAL CASES.

W. E. LEONARD, M. D., MINNEAPOLIS.

CASE I.—November 15th, 1882.—Mrs. B., about forty, an actress, constantly using her voice, has had a severe sore throat for several days, almost incapacitating her for duty at the theatre.

At 4 P. M. I found both tonsils much swollen and inflamed, and presenting numerous depressions filled with yellowish mucus—a follicular tonsillitis; the fauces were red and painful. The right tonsil had been the first to be inflamed, but both were now alike. Some years before she passed through a severe attack of diphtheria. Her throat symptoms were much worse toward evening. Further inquiry elicited the fact that she had a very “weak stomach,” having nearly lost her life from vomiting through the entire term of her last pregnancy—many years ago. Even now, with this complaint, she was much troubled with rumbling of gas in abdomen and frequent belching.

R. Lycop.<sup>cm</sup>, dose, and Sacc. lac. in water every two hours.

The next morning, before nine o'clock, she declared herself



much better, having gone through "her part" the night before without pain.

On looking into the throat, the right tonsil was found reduced to quite its natural size, and less inflamed; the left had changed but little. She had used no other means for relief. A few powders of Sacc. lac. were left to be taken if she did not improve fast enough.

In a week she came to the office to say that she was entirely recovered, and had been on duty each night regularly.\*

An epidemic of a like form of tonsillitis prevailed then throughout the city at the same time with diphtheria, being commonly diagnosed as "diphtheritic sore throat"—an improper mixing of terms, as I think.

*Lach.*, *Lyc.*, and *Merc. cyan.* cured such cases, according to my notes and the experience of others given at the time.

CASE II.—February 23d, 1883.—Mrs. W., a typical blonde of large frame, lymphatic temperament, the mother of five children, menstruated about six months after her last confinement, and has now gone by one period since then without any flow.

Now, after being on her feet more than usual and being especially worried over household matters, she is suddenly seized with menorrhagia. At midnight she is found to have been flowing steadily for some hours, and is quite prostrated. Five times since noon had she fainted, once remaining unconscious fifteen minutes. The blood is hot, bright red, and comes in gushes, increasing on the least motion—she lies perfectly quiet on her back, and talks gaspingly.

She has never lost as much blood, even after confinements.

*R. Bell.*<sup>20</sup>, in water every half hour until flow is checked, then hourly. Relief almost immediate, and no return.

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\* The only doubt of cure in my mind in this case was the fact that the *right* instead of the *left* tonsil improved first. According to the law of reverse order of symptoms, the left should have shown improvement first. Should it not?



## BOOK NOTICES.

A HAND-BOOK OF SKIN DISEASES AND THEIR HOMŒOPATHIC TREATMENT. By John R. Kippax, M. D., LL. B., etc. Second edition. Pp. 288. Chicago: Duncan Brothers, 1884.

To the busy practitioner, as well to the student, who desires to quickly gather a hint as to the diagnosis or treatment of any skin affection, Dr. Kippax's hand-book will be of service. The local treatment he recommends is often of positive injury, and seldom accomplishes lasting benefit. In treating these "skin diseases," the totality of the symptoms—internal as well as mental—must be carefully considered.

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## NOTES AND NOTICES.

NEW TREATMENT OF CHOLERA.—"Cholera" is prominently characterized among other symptoms by its vomiting and purging. A new allopathic plan of treating this dread disease is by emetics and purgatives. Verily the "world do move!"

ON BANDAGING THE INFANT.—Douglas Galton, President of the British Sanitary Institute, delivered a philippic against the baby-bandage. He condemned "those mischievous two yards of calico," which, wound round the middle of infants on their introduction into the world, constricted and hindered the expansion of that very region of the body where heart and lungs, stomach and liver, organs of no mean importance, were struggling for room to grow and do their work, and where natural mechanical conditions threw some difficulty in the way of full development.

A NEW POTENTIZER.—Dr. George F. Foote has lately invented a new potentizer—one that is guaranteed to produce none but genuine Hahnemannian dilutions. Dr. Foote's machine may be very accurate in its workings, but the water of Philadelphia is so thick and muddy that a sausage grinder would be necessary to potentize it!

THE NEW SPEAKER.—Speaker Carlisle is a free-trader, so is the American Institute. It is currently reported that the Speaker would therefore endeavor to have Congress recognize Homœopathy if he could find any Homœopathy to recognize!

QUERY.—What potency is the "scent" which a dog will follow so cleverly? Could a microscopist see it?

A LA DANTE.—In order to prevent the I. H. A. from meeting in the same place as the Institute, let the latter inscribe over the door of its headquarters: "Let all who enter *here* leave Homœopathy behind."

AN IMPORTANT OMISSION.—Alphonse Karr was lately a guest at a dinner of some homœopathic physicians at Paris, when, after toasts had been honored to Hahnemann and to the great lights of the science now living, he was asked to propose a toast. "Gentlemen," he said, "you have drunk the health of many physicians, but there is one toast you have forgotten. Permit me to repair the omission. I drink to the health of your patients."—*Exchange*.

THE

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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## WHAT SHALL WE TREAT?

In a report which has just come to my hand, of what appears as an abstract of the proceedings of the Pennsylvania State Homœopathic Medical Society at its late annual meeting, I find one of the members

" \* \* \* expressed his doubts concerning the significance of the direction to treat patients and not the diseases. He always thought it was the physician's duty to treat the diseases and not the patients. It is our duty to direct our remedy at the unity of the group of symptoms. Each symptom of the case probably has the same central origin. We have to deal with symptoms as the outward expression of an inward disease. We ought to leave the patient, for the time being, out of sight."

The above is represented as from the author of the famous "last resolution" passed at the Indianapolis session of the American Institute of Homœopathy. It ought, perhaps, to surprise no one who has read that resolution and knows that the above utterances and that resolve have a common origin. It will at once be perceived by every one, even by those who are but slightly acquainted with the philosophy of Homœopathy, that if the practice of this member has been as far removed from this philosophy as are the above utterances, that he sorely needed the defense he was seeking in this resolution. If this practice has been so far from the requirements of the law of healing, which, by his position as member of the Institute and as editor of a periodical owned and conducted by a club of homœopaths, he

may not unreasonably be supposed to have declared his confidence and belief in, it is quite conceivable that one who had so far departed from the truth he had been set to advocate and defend, was by an offended conscience impelled to seek support from some outside source, but certainly it is not a little singular that he should have had recourse to a body which was created for the defense and advancement of the truth he must have so grossly betrayed. It will be at once and readily seen that, such being his practice, he greatly needed defense from some quarter. Whether the one sought in this resolution can be of much avail to him may well be questioned.

If the utterances given above were from an old-school source they could cause no surprise. This school has always been "leaving" their "patients out of sight" and imagining a something distinct from them, which they have called diseases, and have been three thousand years floundering in their endeavors to grapple with that something therapeutically, which has till now eluded their grasp, and as a school, after these centuries, they stand, like Goethe's "Faust:"

"Da steh ich nun, ich armer thor,  
Und bin so klug als wie zuvor!"\*

And yet this member of the Institute and editor affects to think this groping is the great thing to do; that, in short, the murk in which it must be pursued is to be preferred to the clear therapeutic light found, and only found, in the philosophy of the *Organon of Homœopathic Medicine*. And yet this man professes before the public to be a follower of Hahnemann and a believer and practitioner of the system of practical medicine he taught! And, still further and more strange, he does not appear to be in the least ashamed of this pretense.

He has "doubts concerning the significance of the direction to treat patients and not the diseases!" Why "doubts as to the significance"? There seems to be no necessary obscurity in the terms employed in this fundamental and most necessary rule, if one is to practice *homœopathic* medicine. There can be no reasonable doubts as to its "significance." Or, did the Doctor rather mean he had doubts as to the truth of the principle here inculcated? This may well be conceived of as his meaning, and the more, as, from the quotation at the head of this paper and his other utterances, we learn his innocence of all knowledge of homœopathic philosophy and his utter want of sympathy with its spirit

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\* "There stand I now, I, a poor fool,  
As wise as I was before."

and teachings. What does the man mean\* when he talks of treating diseases as something distinct from the patient? And distinct in such a degree and in such a way that in treating them the patient is to be "left out of sight?" He and all others may as well know that a knowledge of the symptoms is all the knowledge he or they have of any proper objective of treatment. That these symptoms, in their "totality," contain all that is or can be known of the modified life which we call sickness; that there can be no separation of these from the man who presents them; that they are his present modes of life and are no more separable from him than are any other processes of life function. To talk of diseases as something distinct from the patient or his symptoms is, perhaps, good old-school talk, but at this late day, when the expression of a better philosophy has been so long and so clearly before the world, is, for a professed homœopathist, no better than a talk to be ashamed of. Does this doctor mean by "treating diseases" treating the whole phenomena of the sick condition? We do not see what else he can mean. We reply, this is just what in homœopathic language is called the "*totality of the symptoms*," which alone constitute the basis of every true homœopathic prescription. And more than this, that this "totality" can no more be conceived of as a something distinct from the patient, than we can conceive of will-force independent of a living existence.

And then, the Doctor's idea of "the unity of the group of symptoms" is decidedly good. We do not remember to have seen the expression before. It is the more interesting coming from one who was supposed to have accepted the "totality of symptoms" as the only sure guide in therapeutic endeavors. What does he mean by this "unity," which seems, with him, so completely to have usurped the place given by homœopathic law to the "totality"? No wonder, after this, he needed the Indianapolis resolve.

"Each symptom in the case probably has the same central origin." What does he know about this and what if it has? Where has it, if it be so, the least practical relation to a true homœopathic prescription? This requires of us a simillimum to the "totality," and not in the least or at any time does a

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\* There would seem at times to be more than common difficulty in finding out just what this doctor does mean, by what he says, by the world at large. This will be apparent if it be remembered that his "resolve" was understood by all the world, besides himself, as an indorsement of any and every sort of a "go as you please" practice, while all the time, the doctor says, he only *meant* to refer to *consultations*. He ought to know what he meant. But if it were this it is certain nobody else did, till he told them.



"central origin" idea enter into it. It would be a great gain to our progress if those who set themselves up as teachers would remember that not all well-sounding sentences and phrases are freighted with common sense or truth. "Central origin" is good, but what is the meaning of it before the problem of a homœopathic cure. Does he mean by this "central origin" that there is, somewhere in the organism, a single point or part on which the morbid cause has made its impact, and that from this single part all symptoms of a sickness have their "origin"? If so, and we can see no other possible meaning, then we can only regret that before he uttered this opinion he had not discovered the fact that he knew just nothing at all of the matter of which he was speaking. It is not unlikely, even now, if he will give the idea a very little thought, he may discover his "probability" of this "central origin" only so much empty air.

There has seemed, more of late than before, to be prevalent a desire to get away from the duties and responsibilities of a practice under our law—something different, something better. The weakest exhibition of this that we have met is certainly this last notion of a possible homœopathic "treatment of diseases and not patients."

P. P. WELLS.

## RECOGNITION.

AD. LIPPE, M. D., PHILADELPHIA.

Recognition: The Old Code *versus* the New Code is *the* burning question of the day, and it disturbs the peace of the "regulars," as they are pleased to term themselves. The medical societies are sadly troubled by it. What does it all amount to? Before progressing any further to examine the merits of the New Code it would be well to reflect for a moment. There seems to pervade the minds of the advocates of recognition great errors and misconceptions. It appears that these men are moved by the noblest of motives; they desire to permit the despised homœopathists to avail themselves of the superior knowledge and skill of the regulars when they have to treat a desperate case of illness; this very kind condescension of the time-honored regulars, who have found that their irregular brethren have made very decided inroads on their "*business*," is really and truly philanthropic—all merely for the benefit of the sick and the poor, helpless homœopaths. Will the regulars reflect for a moment? Do the regulars not know that the law of the land fully recognizes the new



healing art promulgated by one of their own school, Samuel Hahnemann, and by him termed "*The Homœopathic Healing Art*," that it might appear from the outset that that school of medicine is governed by the law of the similars, and, so guided, has revolutionized the old therapeutics, which was governed by no law in particular save occasionally by the law of the contraries; that the graduate of the homœopathic colleges enjoys just the same rights, privileges, and immunities as are enjoyed by all graduates of medical schools? Do the regulars not perceive that not only their refusal to teach a progressive healing art in their medical schools, but their refusal to graduate medical students who had not only acquired all the knowledge taught by them in their schools, but who were furthermore found to have acquired additional knowledge of a new healing art, finally compelled the despised homœopaths to apply to a generous and just people for the charters of new colleges, medical schools, and hospitals, which were granted? And now the same men are found prohibiting the members of their organized medical societies to meet professionally or in consultation their equals before the law. These fossils set themselves up as a superior set of men and show by their persistent conduct that they are antagonistic to the will of the people, and, in reality, they violate every law when they inflict severe penalties on men of their school should they meet a homœopath professionally.

As long as the large majority of homœopathists honestly practiced their exclusive healing art, consultations with allopaths were *never* thought of, neither by the sick nor by the physicians—they were out of the question from obvious reasons, well understood. Then came a time when incompetent men, who saw the grand strides Homœopathy was making, if properly applied, adopted the system, but from indolence or incapacity to grasp the teachings of Hahnemann, many often failed sadly in their efforts to cure or relieve the sick. They then resorted to the palliative means used by the regulars, and while their betters through mistaken kindness failed to discipline them, they boldly attempted to declare Hahnemann's methods a failure, and that while the law of the similars might be a good guide at times, other means were to be used at the discretion of the physicians. The regulars were easily misled by these eclectics and were prone to believe that Homœopathy was disappearing as an exclusive healing art; and now we see the disinterestedness of the progressive regulars in making an effort to help to save the unfortunate sick who were so unlucky as to fall into the hands of men who professed to practice a healing art of which they knew nothing.

The public were sadly deceived by men who professed to be homœopaths, and who unhesitatingly resorted to non-homœopathic methods when their own shortcomings (and not the system of medicine they professed to practice) caused repeated failures. These men deceived the regulars and made them believe that Homœopathy, as an exclusive system of the healing art, was a failure; that true progress in medicine required the adoption of full freedom of medical opinion and action, and that the application of various, even antagonistic and conflicting, methods of therapeutics should be left to the individual judgment of the physician. Under this fallacious plea they asked for recognition by the regulars. The regulars looked upon this proposition in very different ways. To some it appeared in the light of a desire of the applicants gradually to return into the fold of allopathy, and that such a recognition was, if not paramount to the extermination of Homœopathy at once, at least as the first step in that direction; to others it appeared that the applicants had sailed under false colors and would likely continue to do so, and their past history did not recommend them as desirable companions. Let us leave these applicants for recognition to their fate, and let the regulars do with them as they think best.

We now speak for the homœopathicians who, like the early pioneers of our school, are living up to the methods taught by the master. These early pioneers and their followers gained recognition as healers and homœopathicians from the people because they *cured*; they *never* asked for any other recognition at the hands of the regulars than such as their superior successes demanded. However reluctantly such recognition has been given, we know of circumstances under which public opinion, based on observed, undeniable facts, has compelled them to utter such recognition. Repeated cures of cases given up or for a long time unsuccessfully treated by the regulars, come before an observing public, and they will wring a recognition out of them. *That* is the only *recognition* a homœopathician ever desires to effect, and this once fully established, the regulars will be compelled finally to recognize the homœopathic healing art as true, reliable, and exclusive. These desirable ends can only be obtained if we, as homœopathicians, are true to ourselves, and neither openly, nor even impliedly by silence, recognize any departures of the teachings of Hahnemann, or deviate in the least from his inductive method. The community supposes that the homœopathic societies are the true exponents of that school of medicine. Erroneous ideas such as were accepted by the advocates of the new code can be obviated in the future if

our own societies are true to the principles they promised to advocate when they were first established. If any society or any organized body, medical or national, allow their members to advocate new doctrines or laws in absolute contradiction to those on which the societies or organizations were established, if for reasons not explained these members are not called to account for their departures or heresies, the world at large will take it for granted that said societies or organizations indorse them. Let it be well understood that it is not necessary for a medical association to publicly indorse the departures and heresies of a member of said association by open resolutions. If a member of a medical association publishes and publicly proclaims false doctrines, departures, and heresies, he should be called to account for such acts by the association, and a failure to do so will be taken as an indorsement of such member and his false doctrines, departures, and heresies to the detriment of the association. Time will eventually clear up the *recognition muddle*, show whether or no the regulars in their charitable mood recognize the eclectic wing of the homœopaths, or whether the Institute will recognize the pathological picture-book advocates *vs.* our *materia medica*, or whether the I. H. A. will recognize the "potentizer advocates" *vs.* reliable pathogeneses, or whether all so-called homœopathic societies, colleges, and hospitals acknowledge Hahnemann's teachings as their sole and only guide for the further development of the healing art.

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## THE I. H. A. AND ITS SUPPOSED SHORTCOMINGS.

DEAR EDITOR:—In your note you call my attention to your editorial in the December number of THE HOMŒOPATHIC PHYSICIAN, and express a hope that I should indorse it. I have read it, but I cannot altogether do so. In the first place, you bring this charge against the I. H. A. that its "innumerable resolutions" are "mostly useless, and often very silly," and that its clinical cases have been "useful and valuable to a certain extent, but they present little that is new." Now, with regard to the resolutions passed since the Association was established in 1880, it happens that I am the proposer of the majority of them, and it is rather rough on me to ask me to indorse an opinion pronouncing my own work as "useless and very silly." Whether useless or not, time will show, but they were every one written with a special object. The only resolution to which



you can seriously take exception was one (not mine) to the effect that THE HOMŒOPATHIC PHYSICIAN should no longer be the organ of the I. H. A. (September, 1882, page 374), and, as this resolution was not accepted by the Association, as being founded on a misconception, and as you say (December, 1883, page 369) that THE HOMŒOPATHIC PHYSICIAN is the organ of no Association, even this unfortunate resolution can hardly be justly objected to by you.

As for the clinical cases, I think that these, when accompanied by a description of the method whereby the remedy was selected in each case, and by illustrative comments, are among the most valuable papers that can be presented to the profession. To present something "new" would often be difficult, seeing that the symptoms, or at least those characteristic, will be already found in the *materia medica*. However, if "newness" is desired, let us all the next time report the most extraordinary cases we can find, something no one has ever seen before, and perhaps never will see again. I, for one, will report a case of nymphomania cured by *Lachesis* (selected according to Fincke's proving in *H. M.*, Vol. I), which is the most extraordinary case I ever heard of, and if you can prove that there is nothing new in it, I will undertake to eat my hat. But are you not unintentionally doing injustice to the I. H. A. by omitting notice of the other valuable essays? Surely Dr. Leila Rendell's proving of *Ammonium carbonicum* is a specimen of "industrious work."

Thus far I cannot indorse your editorial; but with the latter part I am in sympathy. You advise that the I. H. A. should publish standard works—to which I say, Amen. But I think it cannot be correctly compared to the *Hahnemannian Publishing Society*, for the latter is simply a publishing society which any one can join by paying a guinea subscription, while the former is an Association to which only Hahnemannians are admitted, and the annual subscription is a dollar. Hence, the question of money comes prominently into notice. Even Hering's *Guiding Symptoms* is wearily dragging its slow length along owing to want of proper pecuniary support. Yet, if your scheme can be carried out, by all means let it be done. Why should not certain works be published, if not by the I. H. A., at least under its auspices and with its indorsement? I am sure we shall be pleased as an Association to indorse your invaluable *Cough Repertory*, which is certainly the most complete of all ever published. Of one thing I am sure: whatever the I. H. A. publishes will be as *complete* as possible, thereby differing from

the *imperfect* works which the *Hahnemannian Publishing Society* has mostly hitherto published. What the future work of this Society will be it is premature to conjecture. I trust it will be more complete than its early work; but this fact remains that some cures by *Kali bichromicum* which I recently sent to the compiler of this medicine were rejected because the CM potency was used (you shall have them when you have published what you still hold of mine), and my offer to arrange the symptoms of *Lac caninum*, daybooks, schema, cases, and comparisons was politely and sarcastically declined by Jupiter Maximus himself. So much for the fairness and liberality of *pretended* homœopaths; but it is only just the way in which the mongrel press has treated the Hahnemannians both here and elsewhere for many a year. We now shake off the dust of our feet against them, and leave them to—decay!

Thus far about the I. H. A.; and when the forthcoming volume of Transactions are published, I do not think any one need feel ashamed of them.

One more word about "Isopathy." I do not intend to say much, as my views have been already given and been—misunderstood! After my first paper in THE HOMŒOPATHIC PHYSICIAN, on "The Scientific Use of Nosodes," appeared, I received two strongly expressed letters from members of I. H. A., one censuring me for upholding Swan's supposed heresy, and the other blaming me in like vigorous style for injuring the reputation of the nosodes! But if critics will neglect the "totality of the symptoms," and base their remarks on a false "keynote," it is their fault, not mine.

In your December number Dr. Swan's letter is headed "Hahnemann the Founder of Isopathy," and your editorial "Hahnemann Not the Founder of Isopathy." As both assertions cannot be right, it is necessary to discover what is meant by Isopathy. If Isopathy means that *every* case of syphilis is to be treated and cured by potentized *Syphilinum*, then Hahnemann never taught it, neither did Swan indorse or discover it. But if Isopathy means that potentized *Syphilinum* will cure certain cases of syphilis when the symptoms correspond, then this is what Hahnemann taught and what Swan has indorsed and elaborated. The fact is, that Lux (according to Lippe) taught the former, which is a departure from Hahnemann; Swan never taught it, though his words have been misconstrued to mean it, and here he says that he simply claims just what Hahnemann claimed. It should not be forgotten that even diseases resulting from specific contagious poisons are very often complicated, and therefore to say



that *Syphilinum* will cure uncomplicated syphilis is very different from saying that it will cure every case in which syphilis exists.

How then are we to discriminate? Simply by provings on the healthy organism, which Dr. Swan has done, both with *Syphilinum* and other nosodes. This leads me to your editorial reply. You say that Hahnemann, in the passage you quote, condemns the use of unproved remedies. No doubt he does condemn them, but the present instance is not a case in point, as he is not referring to "unproved remedies." On the contrary, by the use of the phrase, "not *sufficiently* ascertained," he necessarily implies that their pathogenetic effects had been partially ascertained, but not enough to base accurate prescriptions upon. Surely, the effects of syphilis upon a previously healthy person are as much a proving of crude *Syphilinum*, as a poisoning by *Aconite* is a proving of the same. And if we may unite in a pathogenesis a poisoning by *Aconite* and a proving with the CM potency, why not with *Syphilinum* or any other nosode? The only source of error, which *always* has to be guarded against, is the possible development of collateral symptoms from other sources; but repeated provings and clinical experience will soon eliminate these.

Now, as the I. H. A. is at present only an "ornamental" society, will not you and all the other members therefore set to *work* and—prove *Syphilinum* on yourselves; and then do the same with *Medorrhinum* and the other nosodes? I have tried to prove them, but can get no symptoms; they have, however, been proved by Dr. Swan himself, and by several other members of the I. H. A. And for the future, let us devote our combative energies to annihilating the mongrels instead of each other, more especially as the differences of opinion between the members of the I. H. A. are more apparent than real.

Yours fraternally,

E. W. BERRIDGE,

*Member and Corresponding Secretary of the I. H. A.*

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### SOME GOOD BOOKS.

We had the pleasure, some days ago, of looking over Prof. H. C. Allen's new work on intermittent fever. It will soon be out, and is in every way a *most excellent work*. The physician who uses it will find this class of cases easy to treat hereafter. A full review will be given of it as soon as published.

Another excellent work—just out—is Dr. Minton's *Uterine Therapeutics*. A fuller notice next issue.

## DIPHTHERIA.

E. B. NASH, M. D., CORTLAND, N. Y.

In the *Hahnemannian Monthly*, for September, there is an article by Dr. C. Neidhard on the treatment of this dread disease. Boiled down, it amounts to this—Liquor Calcis Chlorinatae is the homœopathic *specific* for diphtheria from a non-symptomalogical standpoint.

Now, a long time ago, when Dr. Burt made a proving of *Phytolacca* dec. he predicted from that proving that *Phyto.* would be a good remedy for diphtheria. That prediction has been abundantly verified. Jahr wrote: "Since I have become acquainted with *Apis*, I prefer this to any other remedy, and accomplish my purpose with it better than with any other medicine. Dr. Fetterhoff, myself, and many others have in practice witnessed its wonderful efficacy."

Dr. Boskowitz, of Brooklyn, lauded the virtues of *Ignatia*, and Wm. C. J. Slough, during an epidemic in Lehigh County, Pa., did not lose a single case after he commenced using *Ignatia*<sup>200</sup>.

Dr. Reissig, of New York, used *Lac. caninum* with great success. Dr. Dunham got the secret, while Dr. Swan has *proved* the remedy and done more to perfect our knowledge of this agent than any other man.

Dr. Beck, and after him Von Villers, from actual experience laud *Merc. cyanuret* as a great specific in diphtheria.

Now, without making particular mention of *Lach.*, *Lye.*, *Merc. prot.*, *Merc. biniod.*, *Kali bich.*, and some others which have performed no very mean service in the treatment of this disease, one very important question forces itself upon us—which is the best? Taken from a pathological or symptomalogical standpoint, the *results, ab usu in morbis*, must after all, it seems to me, decide as to the merits of the remedy.

Testimony seems to be about equally favorable for each. Is it, then, a fact that it makes no difference which we use?

It seems to me that the only logical conclusion is—that each and all of these remedies have proved themselves very valuable. Second, that there must be some rule by which we may decide in favor of one or the other in particular cases. It is so in other diseases. Why not in this? How would it do to lump this business for typhoid fever, scarlatina, rheumatism, and all the long list of diseases that flesh is heir to, in the same way that Dr. Neidhard does for diphtheria? Baer tried to do that for typhoid by stating that *Arsenic* ought to be given early in the disease as well as late, because in its *general character* it most resembled the general character of typhoid. If diseases always

pursued the same and an unvarying course, and had no modifying circumstances as to causes, climate, temperament, complications, etc., this method might do, but as long as these are present and must be, it is not and cannot be scientific, or attended with the best results possible. Dr. N. says: "It has been remarked by others, as well as myself, that the selections of a remedy from *unimportant symptoms* will not lead to the true simillimum in any important case," and says it will often lead us astray. This is very true, and the only question that remains is, What are the important and what the unimportant symptoms? If a man would select his remedy on unimportant symptoms alone, of course he would be led astray, and I think he will be led almost equally astray if he undertakes to confine himself to one remedy for all cases selected from the "similarity of the general character of the remedy to the character of the disease."

If this is not so, won't Dr. N. please make some more "thorough and exhaustive studies," and give us the one remedy *par excellence* for all diseases. If he can do it for diphtheria, we doubt not his ability to do it for some of the rest. How much time and labor, and often failure at that, it would save the profession in general. Now I do not doubt Dr. N.'s testimony in favor of his remedy for diphtheria in so far as that he has been successful with it in many cases, but his testimony is no more entitled to our credence than that of those who have found other remedies equally efficacious. On the other hand, I cannot believe that the case to which chloride of lime is homœopathic could be equally well cured by Merc. cyanuret, or *vice versa*. In my mind the case comes to just this: There is no specific for any disease in all its forms, and that although, as taught by Hahnemann, Hering, and others, we may sometimes find a remedy that corresponds well to the *genus epidemicus*, and find it useful in the majority of cases; yet, as taught by the same men, each case should be treated as though we had never had one like it before—that is, the case must be *covered* by the remedy so far as is possible in both its pathological and *symptomalogical entirety*. Unimportant symptoms! any symptom actually belonging to either drug-proving or disease, cannot in the nature of things be unimportant. How would it do in a case of brain disease to ignore the delirium of Stram. or Bell., the sopor of Opium, or the screams of Apis, and prescribe for the pathological condition? Now, lest I be misunderstood, I am not charging upon Dr. N. such practice in general—I have greater faith in him. But when a man asks me what I give for diphtheria shall I say "Chloride of lime"? Would it not be more in keeping with the spirit of Homœopathy to say, "I give the *indicated remedy* for each case by itself"?

## ECZEMA CURED BY VACCINATION.

The local inflammatory action and febrile disturbance set up by vaccination is calculated to call often forth an eruption of eczema in those who are so predisposed, and to aggravate existing attacks ; so much so, indeed, that the operation is frequently delayed for many months on this account. And yet it must be admitted that in some chronic and inveterate cases it has precisely the opposite effect, and may therefore be ranked as a curative agent. As an illustration of this, two cases reported by Mr. Lawson Tait \* may be mentioned. "The first," he says, "was the child of a commercial gentleman of great intelligence, who allowed me to try vaccination after everything else had been done that could be suggested. It was a most obstinate case of eczema over the whole body, the scalp being the seat of its worst display. The glands of the neck were chronically enlarged, and at one time suppurated so seriously as to endanger the child's life. Temporary benefit was derived from change of air, but drugs had no effect. Acting on the usual rule, I put off the vaccination of the child for three several periods of nine months. \* \* \* I told the father that \* \* \* I believed vaccination might cure the child by exercising some influence on its nutrition. He agreed to the experiment ; and to diminish risk as far as possible, I used lymph which had passed through one healthy child from the heifer. The result was most remarkable, for in a few days a marked improvement was visible in the child ; and in little more than three weeks all traces of the eruption had disappeared, save a roughness of the skin, which still exists. The hair grew rapidly on the scalp, and the child now is in all respects as fine an infant as I have ever seen.

"At the same time I had under my care the child of a clergyman, for which many prolonged and various courses of treatment had been adopted ineffectually for an eczematous eruption affecting the whole body, but mainly the face and flexures of the joints. It was nearly two years old, and had never been vaccinated. I told the father of the case I have just related, and he consented to the vaccination. He had sent me the following note of the history : 'To the best of my recollection, the symptoms of skin disease in baby were first manifested when she was about two months old. The disease appeared in a virulent form for the space of nine months, at the end of which time she was vaccinated. After vaccination the child improved rapidly, and

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\* *British Medical Journal*, January 27th, 1882, p. 92.



in a month not a trace of the malady was left.'” Of course, it is only in exceptional cases that such happy results can be expected.—*Dr. McCaul Anderson, in Journal of Cutaneous and Venereal Diseases.*

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## HOMOEOPATHY AMONGST THE AMERICAN INDIANS.

Mr. Herbert Welsh, of Philadelphia, from whose report of a visit (made June, 1883) to the Santee Indians we shall presently quote, is a son of the Hon. John Welsh, ex-Minister to Great Britain, and a gentleman of undoubted veracity. The gentleman employs the “regular” profession, is not a believer in Homœopathy, hence his testimony is the more striking and unbiased! In his report he writes:

“On the morning of Monday, June 4th, I met, by appointment, some twenty-five to thirty of the Santee Indians, who desired to express their thanks for the efforts in their behalf of friends in the East during the past winter, and also to bring to my attention a matter which they were desirous of calling to the notice of the Indian Rights Association. It seems from their statement, and from that of others with whom I conversed, that the Rev. Mr. Fowler, in the course of his ministerial work among the Indians, had been in the habit of giving homœopathic medicines to such persons as requested them, and in certain cases, when called, of visiting the sick and prescribing for them. This practice was *objected to* by the *resident physician* as an interference with his prerogative and an injury to his professional success! The matter was examined by Mr. Lightner, the agent, and through his representations an order was procured from the Department prohibiting Mr. Fowler from further distribution of medicine. [Free country, eh!] Since then Mr. Fowler has strictly adhered to the order of the Department and has refused, apparently much to the regret of the Indians, any further use of his remedies among them. The Indians who held conference with me considered the prohibition tyrannical, and maintained that in depriving them of Mr. Fowler’s medicines, which had been of great benefit to their wives and children, their rights were invaded and they were compelled to suffer hardship. In my reply to them on this question, I briefly stated that it was a matter of regret to me if they had been forbidden the use of such medicines as had proved beneficial to them, and that I would refer the matter to the judgment of their friends in Philadelphia. With this they were apparently satisfied, and our meeting adjourned.”

# ARUM TRIPHYLLUM AND AILANTHUS COMPARED.

C. CARLETON SMITH, M. D., PHILADELPHIA.

## ARUM TRIPH.

Great irritability. Delirium, tosses and picks his lips or finger nails; bores into the nose; dizziness with fullness of head; sleepy but less stupid than Ailanth.

## MIND AND SENSORIUM.

## AILANTHUS.

Low-spirited, decided depression; continuous delirium, muttering, becomes insensible. Confusion of mind with vertigo, intoxicated feeling.

## HEAD.

Pain in head with vanishing of thought; shooting pain through head.

Headache with dull sensation; cannot bear to think; ideas confused; inclined to be drowsy; face red and often hot.

## EYES.

As if a veil was let down over them; eyes heavy, sleepy looking; lower lids feel heavy. Smarting of eyes on account of lachrymation; lids on their edges puffy and swollen.

Letters blur and dance up and down; eyes full of tears; looks frightened when aroused; dilation of pupils; smarting and burning in eyes, with secretion of pus.

## NOSE, MOUTH, AND THROAT.

Though the nostrils feel dry and stopped, yet there is a free acrid discharge, making the alæ and lips sore and raw, cracked open and bleeding. Interior of mouth so sore that though the child is very thirsty he refuses to drink, and will even cry if the vessel is brought near him.

Tongue cracked, burning; prominent papillæ; child dreads to open mouth to have tongue examined.

Feeling of constriction of throat with swelling of larynx; can neither chew nor swallow. Much more burning than in Ailanthus.

Copious discharge from nose, ichorous, blood and pus combined. Lips cracked open, forming ragged ulcers, especially near corners of mouth; sordes of teeth quite decided.

Astringent feeling in fauces; soreness, worse inhaling cold air; pains extend into ears. Livid swelling of throat and tonsils, with deep ulcers out of which fœtid matter oozes. Swelling of neck with tenderness.

## STOMACH AND ABDOMEN.

Complete loss of appetite; burning in œsophagus and stomach; coffee brings on headache; nausea with cramps.

Pain in region of liver from front to back.

Food is repulsive; gone-ness in stomach; sudden violent vomiting on sitting up; stomach feels empty, becomes so inactive it fails to contract. Region of liver quite tender.

## RECTUM AND STOOL.

Soft stools, but with straining; stools yellowish brown and watery, with burning at anus.

Stool quite frequent and painful. Dysenteric in its nature, blood and mucus. Abdomen tympanitic.

Stools watery, coming out with much force; burning in bowels with weak feeling.

## 44 ARUM TRIPHYLLUM & AILANTHUS COMPARED. [Feb. 1884.]

### ARUM TRIPH.

### URINE.

### AILANTHUS.

In both drugs we have suppression, but in Ailanthus the urine is passed unconsciously.

### LARYNX AND CHEST.

Voice uncontrollable, gives out in singing.

Severe cough, very dry; larynx pains continually; larynx sensitive, especially after northwest winds.

Rawness with burning from chest to stomach.

Dry hacking cough with feeling as chest would not expand, as if air cells were glued together.

Lungs very tender.

Burning deep within the chest.

### NECK AND BACK.

Region of atlas very sore and painful; headache, with stiffness of neck.

Dorsal vertebræ all seem to ache; pains in head, neck, and back.

### LIMBS.

Both hands become swollen and stiff; right leg becomes cramped always on waking out of sleep. Stinging sensation in feet—worse walking.

Tingling or pricking in left arm; both legs feel numb; feeling of tension in feet when walking.

### SLEEP.

Can't sleep because skin itches so; also sleepless from soreness of mouth; very drowsy, but no signs of stupor.

The great drowsiness soon passes into stupor, preceded by delirium.

### FEVER.

Frequent chills, with sneezing and yawning. Intense heat of skin, face flushed and burning, especially from 4 to 7 P. M.; desires to escape from bed, and seems unconscious of what he is doing or what is said to him; picks the dry lips all the time until they bleed; bores his nose with finger, and picks the finger-nails; urine very scanty or suppressed; greater nervous excitement than in Ailanthus.

Feels chilly, with sense of hunger and emptiness; after the chill the heat comes on in hot flushes; low form of fever; vomits on rising from recumbent position; face red and hot; first very restless, later drowsy, then muttering and unconscious; teeth filled with sordes; dry tongue, livid or brown down the centre.

### SKIN.

Eruption resembling scarlet-rash; itching is severe, prevents sleep; skin peels off in patches similar to scarlatina, and has been repeated several times.

Eruption like miliary rash before the chill; generally comes in patches. Between the eruptive points skin is almost livid in color; rash also is of a livid hue; skin becomes torpid, and after passing finger over it the color returns very slowly.

It is singular, that exposure to cold air under Ailanthus inflames the eyes, while exposure under Arum affects the larynx and produces decided hoarseness.

# CLINICAL BUREAU.

## CLINICAL CASES.

E. W. BERRIDGE, M. D., LONDON.

(1) *Berber., Canth., Dig., and Petrol., in Dysuria.*—April 8th, 1874.—Mrs. L. fourteen days ago had to wait six hours without urinating; since then has had the following symptoms: shooting throbbing pain from left inguinal region to pit of stomach; down front of left thigh to knee and to left renal region. Constipated; only two stools in last fourteen days, and then they were scanty, in hard lumps, and difficult, causing pain in anus; once she had to strain for an hour before she could complete the evacuation. Head confused. Pulse, 120. No appetite; thirsty; urine very seldom and scanty, turbid after standing, and high-colored. She has taken *Acon., Bell., Nux, Sulph., and Puls.*, all in the third dilution, but without effect. So much for the practice of "Domestic Homœopathy."

In the *Cypher Repertory*, page 459, I found that *Berberis* was the only remedy having pains going from abdomen to back, kidneys, and thighs. At page 462 I found the following symptoms apparently considerably abridged but yet sufficient for the present selection: "Shooting, jerking, or forcing pain, extending from groin to testicles and front of thigh, and upward to renal region;" it had also "shooting pains worse by pressure, extending from right hypochondrium toward stomach." *Berberis*<sup>70m</sup> (Fincke) every three hours.

11th.—Shooting to stomach and knee gone; still shooting from hypogastrium to back. Shooting downward in hypogastrium. Cutting pain in urethra before and during urination. Tongue brown. Pulse, 96. Thirsty; more appetite; constant rumbling in abdomen. Stool every day, nearly natural, rather soft and light-colored. Heavy pains in kidneys, better when lying on back. Urine has a slight red sediment after standing, but less than before; she urinates a little every half hour.

The cutting in urethra before and during urination was found only under *Canth.* (Bœnninghausen's *Repertory*), and as this was the latest symptom, I took it as the keynote. *Canth.*<sup>cm</sup> (Fincke) every three hours.

16th.—Cutting in urethra much less; shooting downward in hypogastrium is a little better; it is most marked on left side. Tongue clean; less rumbling. For three days scanty stool



directly after liquid food. Pain in kidneys still; head confused; shooting from hypogastrium to back. Has taken no medicine since 13th.

The *Cypher Repertory* gives shooting downward in hypogastrium under *Dig.* and *Verbase*. The latter was contra-indicated because it has shooting on the *right* side. The *Dig.* symptom I cannot find in Allen. *Dig.*<sup>3m</sup> (Jenichen) every four hours.

18th.—Has taken only four doses. About ninety minutes after each dose had aggravation of all the pains for two hours. Shooting to knee returned for two hours, but has now ceased. Gripping directly after liquid food, followed by diarrhœa; tongue rather brown; sleep not good last night; otherwise unchanged from last report. No medicine for twelve hours. *Dig.*<sup>cm</sup> (Fincke) one dose.

25th.—Dull pain in loins still, but very much less. Vegetable and liquid food cause gripping and diarrhœa. The shooting in left groin is much less, and there is no throbbing. Tongue cleaner. Sleep good. Appetite poor. Urine more copious at night, passing a good amount each time; by day it is scanty and passed seldom; and she has to wait before it passes; this last symptom has existed for three or four days. Head confused.

The *Dig.*<sup>cm</sup> had antidoted the aggravation caused by the *Dig.*<sup>3m</sup>, and improved the condition of the patient, but the painful diarrhœa continued, and there was a new urinary symptom.

*Bry.* and *Petrol.* have diarrhœa from cabbage (Bell's *Repertory*), which was the nearest symptom discoverable; and of these only *Petrol.* has the waiting before urination. I gave *Petrol.*<sup>3m</sup> (Jenichen) three times a day. All the symptoms ceased in two days, and there was no return July 9th, 1879.

*Cinchona in Erysipelas*.—August 12th, 1881.—Baby seven months old. For one day has had red, elevated spots on body, especially on legs. Left calf swelled, hard, and hot, shining pale red; the swelling extending down to back of ankle.

*Cinchona*<sup>cm</sup> (Fincke) every four hours; first dose at 11 P. M. (Selected from C. Lippe's *Repertory*, pp. 231-2.)

August 13th.—Has had three doses. This morning not nearly so hard, still swelled but less; no redness, much less heat. Spots much less. Had two more doses this day, and by evening was nearly well. Next day was quite well.

August 16th.—Last night hard, hot, red swelling on left forefinger, spreading over back of hand up to elbow. Took another dose last night, and one this morning; it is now better, but since this morning the whole of left external ear is swelled, and also the back of right hand. Gave a dose every four hours.

August 18th.—Improved the same day, much better yesterday; this morning quite well, and remained so.

*Veratrum in Diarrhœa*.—August 9th, 1878.—G. W. A., æt. three, has had diarrhœa for three weeks; three or four stools, sometimes more, every day; stools dark clay-colored, rather slimy, very offensive; before stool, becomes *cold in face*, with *cold sweat on face and forehead*. Diarrhœa is worse from the time of rising till 10 A. M.; then better till 3 P. M., when it gets worse again. It is worse directly after food. It came on with the hot weather, and was better during one or two cool days. He has had allopathic treatment for a week without benefit, the last dose being taken four days ago; then his mother gave him strong tincture of *China*, which made him worse. *Veretrum album*<sup>cm</sup> (Fincke) one dose.

The child was much better the next day; quite well in a week, and remained well.

July 24th, 1874.—Miss F. has been ill for ten months, with lassitude, coated tongue, malaise, nausea, and diarrhœa. She has been getting worse for a month or more. Now she has vomiting, first of food, then of yellow, bitter bile, but without pain. (This is the latest symptom.) Liquid diarrhœa, which now occurs always with the vomiting, as well as at other times; pain in lower abdomen before diarrhœa, except when she vomits, and then the diarrhœa is painless. *Exhausted after vomiting*. Once, after much straining, there was *froth in the vomit*. *Veratrum album*<sup>cm</sup> (Fincke) one dose.

August 7th.—Much better. No vomiting after the dose; diarrhœa much better till sixth day, when it returned for three days, but better than before; it still exists, but less than at first, much less liquid, and much less pain before stool. Appetite, sleep, and strength much better. Tongue less coated.

After this there was an *occasional* return of the symptoms, but she then became quite well, and has remained so.

The vomiting, the *latest* symptom, was the *first* to disappear, as HAHNEMANN teaches.

*Lycopodium in Ulcerated Throat*.—January 18th, 1882.—Miss S. had swelling of *right* cervical glands; this disappeared and she then felt swelling in *left* throat, with difficult swallowing. Now there is a whitish ulcer in left tonsil, with soreness there, and swelling of left cervical glands; *hot drinks make throat smart*, but not cold drinks. Feels worse in afternoon, *commencing at 4 P. M.* Has been ill one week. *Lycopod*<sup>cm</sup> (F. C.) every four hours.

January 24th.—Throat was better on morning of nine-

teenth, nearly well on twentieth, quite well on twenty-first. As soon as throat began to improve (on nineteenth) she had pains in left leg, worse in the calf, as if torn away; the pains were felt directly she stood still, but on moving they went away, and it only felt stiff; *the pain was worse at 4 P. M.*; it was removed by a hot bath, remained well.

## BOOK NOTICES.

PHYSICIANS' SPECIAL RATE CHECKS.—By William Jefferson Guernsey, M. D. Published by David Heston, Station F, Philadelphia.

This novelty is nothing more nor less than twenty-five checks, each with ten coupons attached, bound in receipt-book form, and to be torn out and given to patients who pay in advance for so many office prescriptions. While the plan did not at first strike us favorably, on looking further into the matter it seems really the most sensible scheme for charging "bad pay" and venereal patients especially.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA, NINETEENTH ANNUAL SESSION, 1883.

The Publishing Committee are to be congratulated for the prompt and careful manner in which they issue these transactions. As for the transactions themselves, they present a goodly array of well-considered papers.

This volume illustrates the point we have commented on again and again, the tendency of "homœopathic" societies, local and general, to devote so much of their time and labors to *pathology*, excluding, as *such* work must necessarily do, to a large extent, all *original* work on our special subject, *homœopathic therapeutics*.

In the volume before us we have elaborate and lengthy papers on albuminuria, phthisis pulmonalis, and locomotor ataxia. Now, granting that the papers on these diseases have been prepared with all the learning and the labor possible, yet one must feel that little or nothing that is new or valuable has been added to the literature of these subjects. Would this have been true had the same labor been spent on our therapeutics? We believe not.

## NOTES AND NOTICES.

THE NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.—The Thirty-third Annual Meeting of this Society will be held at Albany, on the 12th and 13th of this month. Annual address by the President, Everett Hasbrouck, M. D.  
A. P. HOLLETT, *Secretary*.

THE REPERTORY OF CHARACTERISTICS will be ready for mailing by March 1st. It gives the characteristic conditions of aggravation and amelioration, and is based on Bœnninghausen's celebrated "Pocket-book." Will be mailed free to all subscribers who have paid their subscriptions.

THE COUGH REPERTORY.—With this issue we give the title-page, list of remedies, etc., of the cough repertory, thereby completing the work proper. A supplement of some thirty pages is to follow, which gathers up all stray matter omitted from the repertory proper.

T H E

# HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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## "THE AMERICAN INSTITUTE OF HOMŒOPATHY."

P. P. WELLS, M. D., BROOKLYN, N. Y.

In 1844 a company of believers in and practitioners of what was understood to be a system of practical medicine, first given to the modern world in the *Organon of Homœopathic Medicine*, by Samuel Hahnemann, met in New York for the purpose of organizing an association for extension of a knowledge of this system and of the means it employed for the cure of the sick. The organization, then and there effected, received as the title by which it would be known in the history of this system that which stands as the title of this paper. This system, as understood by these gentlemen, was made up of well-defined elements, which may be grouped together under two heads—*materia medica* and therapeutics. All other branches of professional science were held by these organizers, in common with physicians of other schools of medicine of whatever name, just in the ratio in which these sciences had been mastered by these and other physicians. These were the same, and were alike taught by all who claimed to teach "scientific medicine." But the *materia medica* and therapeutics of the homœopathic school were unique. They were its own peculiar property, and wholly separate in their characteristics from what was called the *materia medica* and therapeutics of all other schools. So that when



these physicians organized and took this name for the purpose of extending a knowledge of and confidence in the philosophy and practice of Homœopathy, it was a knowledge of this *materia medica* and of its right application for the cure of the sick (therapeutics) to which their action had reference. This body so then and there organized for this specific purpose, and for the protection of the community from the imposition of pretenders, still exists, and annually appears as a living body, doing work of a certain kind. The object of this paper will be to see, if we may, how far that work is in harmony with the original objectives of the Institute and in its nature tending to the furtherance of them.

If we look at the published organization of the Institute for work in the present year (1884) we shall find it to consist of fifteen bureaus or committees, to each of which is given a particular branch of science for its consideration, and on which each is expected to present a report of its work at the annual meeting of the Institute in June, 1884. Only five of these fifteen bureaus have subjects in any way related to Homœopathy other than the general relationship which every branch of science has to every other. Of the five which may be supposed to have a more possible relationship to the original objectives of the Institute, two of them, Clinical Medicine and Pædology, have subjects assigned to each member, on which he is expected to write and send his paper to the June meeting. The subjects so assigned are certainly important, and properly studied and presented in the expected reports, as it is to be hoped they will be, can hardly fail of being interesting and perhaps profitable to the members of the body which will receive them. But it is noteworthy that of the twenty subjects so assigned not one of them need in its report have any reference to Homœopathy at all. Clinical Medicine has to deal with "Indiscretions of Life and their Relation to Disease"—an important subject certainly, and well worth careful study, but he has sharp vision who can see any Homœopathy in it. Pædology has "Infantile Dentition and Its Incident Diseases"—not a subject of small importance; but where is the objective of the Institute to be brought in, unless it may be supposed included in the expression used in assigning the second paper—"Causes and Cures"? And is this possible inference of a homœopathic relation all we can find of Homœopathy in the proposed work of the Institute for 1884? Is this the best showing it has of its present ways of carrying out the proposed work of this body, as declared by its originators? Is the relation of this Institute to therapeutics as founded on law

for the year 1884 expressed, and only expressed, in this faint inference? If so, then are we not justified in charging the body with dishonoring the memory of its founders, whom they are in the present supposed to represent, and with treating the great objectives of these founders with contempt?

But is not the case with the Bureau of *Materia Medica*, the other branch of the objective of the Institute, to be better? Is there not reason for hope of something in their labors which may strengthen the interests of our philosophy and practice with the profession or the public? Let us see if we have ground for such hope, and if so, on what is that hope founded?

First, let us remember that our *materia medica* is one of the essentials of our practice, and is one of the chief elements in all practice founded on law. It lies as one of its chief foundation stones, so that a body organized for the advancement of this practice might be supposed to be, more than others, jealous for its reputation and honor. The interests of this fundamental element in all homœopathic practice were committed to a bureau consisting of nine members. We have known something of some of these members, and something of their work in relation to our *materia medica* heretofore, and what we know of this is not assuring of hopes of good for the near future as the outcome of their labors for the present year. If we understand the manner of construction of this bureau, the chairman is appointed by the President of the Institute, and then the chairman selects his associates, and the bureau so made up is to give impulse for good or evil to this important branch of our science for the coming year. In forecasting the probable character of the work of this bureau, it is natural and necessary to begin with the character of its constituent members so far as this is known. And first, of its chairman: He has made himself conspicuously and sufficiently known for some years by his efforts to destroy the confidence of whoever might confide in him in our *materia medica*, and to this end has shown himself its busy and constant slanderer and detractor, and the only imaginable reason which we can give for his not having done it greater damage is the fact, also conspicuous, that his powers are rather limited. No one will deny that he has done all he could, and at all times, to destroy public and professional acceptance of this inestimable and exhaustless treasure of the fruits of the labors of those who in the past have been our greatest, best, and most successful cultivators of homœopathic science and practice. That the destruction wrought has been small is not because his efforts have not been indefatigable, but because his powers were small. The

fact of this member's labors in the interests of destruction could not but have been well known to the presiding officer of the Institute by whom he was appointed to this chairmanship. If his history of these labors was not the only incentive to his appointment, we cannot conceive of any other. And if this appointment be received as evidence of the truth of the suspicion, already expressed, that the one great endeavor of the Institute is in these last times to accomplish its own destruction, who shall blame those who thus receive it?

And then this man, so thoroughly pervaded by apparent hatred of our *materia medica* and so constant in his endeavors to slander it, had the choice of his associates, and, of course, would look first for those, if any could be found, who in their regard for the interests of the subject to be committed to their care were of like mind with himself. And there were not wanting those who had been, like himself, employed in endeavors to sap confidence in our *materia medica*, and he called the most conspicuous of them to his side; and now we have only to await the result of their united efforts, probably, to destroy. The outlook does not appear as boding any good to the Institute or to science. We do not, therefore, anticipate any very great damage as the result of this combination. The Institute may be disgraced, as it has been in the past at times, by the folly, ignorance, or indiscretion of other members, but there is another history than that made by the present members of our bureau, which has so demonstrated the truth, *reliability*, and value of our *materia medica* that the detractions and "observations," so called, microscopes and all, will ultimately be found wholly powerless for evil before its long and bright career of successes. The members of our bureau have said, and notably its chairman—"Our *materia medica pura* is impure, and should be weeded out," and he seems to regard himself as just the man to do the weeding. But he has not done it. He has not even pointed out the weeds or shown us what they are—to say nothing of the absence of all proof that these so-called weeds are indeed what they allege them to be. In the absence of such proof they—the bureau—may as well understand our best men do not believe a word they say on this subject, but go on as if this slander has not been spoken, and use the *materia medica* with confidence, and achieve cures therewith the same since as before the utterances of these would-be oracles. These cures, each and all, testify against these detractors, and demonstrate at least the rashness of their utterances.

If it be said of this chairman and others who, like him, have endeavored to defame our *materia medica* that it is only its errors



of which they intended to speak and that it is only these they would have removed, we reply they have not proved the existence of the errors which this explanation assumes them to have antagonized; nor in aught that has come to our knowledge have they shown any fitness to sit in judgment on the facts of our materia medica and to decide this one or that to be true or false. The work would certainly be found most difficult, even by him who by largest knowledge might be regarded as most competent for the task. It is certain this chairman has shown no fitness for it by any act of his which has come to our knowledge, while, if we are not mistaken, his urgent ambition to undertake the work goes far to demonstrate his entire unfitness for it. It more than suggests an utter absence of all perception of its difficulties and responsibilities. This eagerness to revise the work of those who were so greatly his superiors indicates neither modesty nor discretion. He who would undertake this great work should be possessed of both.

And, further, it may be replied to those who have and do still habitually disparage our materia medica, that the great masters who by their wonderful record of healings found their armamentarium in this alleged impure work. They had no other. They found it equal to all their needs. They were never found abusing it or prating of its impurities and errors. They knew how to use it, and used it; and in its use—whatever its errors—they, and they only, made a record which has given to the system of medicine they practiced a world-wide acceptance. In view of this fact, we are strongly impressed with the thought that one important difference between those who then used our materia medica and those others who are chiefly known by their abuse of it, is that they on the one side *knew how to use it*, while those on the other do not.

It may be further remarked of this bureau and its probable and perhaps expected work, that if the object of its appointment—in its present character—were to give aid and countenance to previous destructive influence and effort, the prospect of success in this is too apparent to be pleasant in contemplation. If the judgment were that in furthering the destruction of Homœopathy—as some think the late history of the Institute intended to do—the first and most potent step would be the destruction of our materia medica, or, what would be a near equivalent to this, destroy confidence in its purity and truth, the judgment was evidently a sound one. There can be no doubt that, our materia medica gone, and Homœopathy is gone. Practically its existence would become impossible. This is at once evident when it is remem-



bered that practical Homœopathy rests on its *materia medica*; so that, destroy the foundation, and the superstructure will topple to the ground, is not only a sound judgment, but, in the assignment of the interests of our *materia medica* to this bureau, do we not recognize a shrewd device for the destruction of our system of practical medicine, which some say they have recognized as the end of the policy of the Institute for the last few years? Some have been so bold in their desire to wipe out all which is characteristic of our school that they have not hesitated to propose striking out the word "Homœopathy" from the name of our Institute. It is easy of conception that he who proposed this innovation reasoned somewhat in this wise when concocting his radical proposition: "Why not let this go, when all else characteristic of Homœopathy is so nearly gone—swallowed up in endeavors to emulate and imitate the teachings and doings of old-school physic—and then we can all become good doctors and good fellows together?" If he so reasoned in the circumstances, who is there who can give a good reason why not? Is it not possible, when he sees the constitution of our Bureau of *Materia Medica* and the exclusion so largely (almost entirely) of Homœopathy from the prepared programme for 1884 in favor of so many only related sciences or branches of science, he may be tempted to renew his proposition? and if he does, who will say he has not a reasonable promise of success in the arrangement for 1884?

We have alluded, and not approvingly, to the exclusion of Homœopathy in favor of other branches of science, not because a study and knowledge of any one of them is unimportant—far from this. But it has seemed sad and wrong that that more important science of therapeutics, founded on God's law—in the interests of which and for the inculcation and defense of which this Institute was created—should have been made to give place to these less important branches of knowledge only incidentally related to this greater, and so to furnish a new impulse in the direction of the alleged movement, for some time said to have been determined on and operative, for the destruction of that for the preservation, continuance, and enlargement of which this Institute was created. That it should now seem, by indifference or intent, to allow this infinitely more important science to be swallowed up in a greater interest in other knowledges, which, whatever their importance, are so far beneath that other divine law of healing, is, to say the least, an additional and wholly unneeded evidence of human perverseness or stupidity.

## THE REASON OF THE FAITH THAT IS IN ME.

SAMUEL SWAN, M. D., NEW YORK.

For some years I have been the recipient of notices (far from flattering) in the journals on account of alleged departures from the teaching and practice of Hahnemann, especially because of my discovery that "morbific products would cure the disease which produced them if given in a high potency," and also because of my formula of potentization of remedies, in that I had no right to call them centesimal because they were not made in accordance with Hahnemann's formula.

In my pamphlet entitled "Nosodes and High Potencies," I gave an account of cures, of cases that were not likely to recover without medicine, that were sufficient to carry conviction to any unprejudiced mind that those were remedies of great value. Instead of an honest acceptance of the facts, and admitting that the remedies were worth proving, even if the knowledge of their therapeutic powers had come in through a back door, an attempt was made to belittle them as insignificant and unworthy of notice. Now I propose to show that I have the authority of Hahnemann on my side in both counts of the indictment preferred against me, and also that *he was the original discoverer and promulgator of the so-called "heresy."*

First, as to potencies: According to Hahnemann's formula for potentizing, it would require ten hundred drops of water to one drop of tincture to make the tenth centesimal potency, filling the vial with one hundred drops of water, and emptying each time. But because I allowed the entire ten hundred drops to flow in and out of the vial in a continuous stream, and called it the tenth centesimal potency, I was denounced in the journals and in the lecture-room.

Hahnemann states (*Chronic Diseases*, Vol. I, page 119) as follows: "*In order to obtain it (the best mercurial preparation) as perfect as possible and with the least trouble (for the greatest simplicity should be observed in preparing homeopathic remedies), it is better to follow the method which I shall indicate below. (Italics are mine.) Take a grain of the purest liquid Quicksilver and triturate it for three hours with three hundred grains of Sugar of Milk, taking one hundred grains at a time and triturating them for an hour. In this way you obtain the millionth degree of trituration,*" or the third centesimal potency. Observe, that he does not say, take one grain of the first one hundred grains after triturating and add one hundred grains of Sugar, as he after-

ward proposed, *but he added one hundred grains of Sugar each time to the quantity already triturated.*

Now, if it is admissible to add three hundred grains of Sugar to one grain of liquid Quicksilver, and after triturating it for three hours, in sections of one hundred grains at a time, and calling it the one millionth degree of trituration, equivalent to the third centesimal potency, why is it not admissible for me to take one grain of a drug, and ten hundred grains of sugar, and triturating them with such a quantity of sugar in sections as is most convenient, to call it the tenth centesimal potency? And if the rule holds good with grains and triturations, why not with drops and dilutions?

I have endeavored to state the above without any distortion of language or meaning, and I wish to call attention to the fact that Hahnemann does not denounce or condemn any other mode of preparation, but says that this is the "*better*" way, and by this mode it is obtained "*as perfect as possible*," but *does not* say it was the *best*.

Every little while some one attempts to prove by figures that my preparations are very low potencies, and that those made by other processes are much higher. Hahnemann, in his *Lesser Writings*, says: "*There can be no standard for measuring the degree of dynamic potency, except the degree of reaction of the vital force.*" This is the experience of all who have ever used high potencies, and they were not induced to use them on account of their notation, or from any theory of their action, but because experience had taught them that the higher the potency the better and quicker they acted. As my mode of potentizing and notation were published, so that all might see that there was no cryptoform manipulation in their manufacture, every physician that uses them has a definite idea which potency to prescribe in a given case, from an experience which he would be compelled to have before using high potencies made as Hahnemann subsequently advised.

High potencies are not a *necessity*, but a very valuable *accessory* in the healing art. Hahnemann did not believe in attempting to gauge the value of a potency by mathematical calculation. On page 820, *Lesser Writings*, he refers to "those arithmeticians who seek to limit nature and render her contemptible by applying their multiplication table to the phenomena of her illimitable forces."

Hahnemann considered succussion important in the preparation of remedies, in order to procure not only a thorough admixture, but subsequent disintegration of the molecules, even after



they had passed that stage where the degree of dynamic potentization rendered measuring impossible. He justifies this conclusion by further stating, that the reason why one drop of tincture could not medicate the Lake of Geneva or a hogshead of water was simply because of the impossibility of a thorough and complete mixture and impregnation.

As regards morbid products (isopathic), Hahnemann says (*Chronic Diseases*, volume I, page 195): "In the subsequent list of antipsoric remedies no isopathic remedies are mentioned." The reason he gives is, "that their effects upon the healthy organism have not yet been sufficiently ascertained." It would seem from this that he had these isopathic remedies, had potentized them (see reference to the various degrees of potency of Psorin, page 195); had used them on the sick, had found how valuable they were, had partially proved them on healthy organisms, but not so thoroughly as to warrant his giving them to the profession.

He thus disposes of isopathy. On page 196, *Chronic Diseases*, he says: "*I call Psorin a homœopathic antipsoric, because if the preparation (potentization) of Psorin did not alter its nature to that of a homœopathic remedy, it never could have any effect upon an organism tainted with that same identical virus.*"

The corollary is inevitable. The potentization of the isopathic product makes it homœopathic to the disease which produces it, and it cannot have any effect on that disease till potentized, but when potentized it does have an effect, and the effect must be homœopathic, and therefore of necessity a curative effect, or, in other words, "*Morbific matter will cure the disease which produces it if given in the highest attenuations.*"

*Had not Hahnemann tried morbid products empirically on those sick of the diseases which had produced those products, he would not have said that unless these were so altered by potentization they never could "have any effect on an organism tainted with that same identical virus."*

I withdraw my claim to the discovery of the LAW in favor of Hahnemann, and only claim that others, as well as myself, have verified the truth of his great discovery.

As there is a tendency in the human mind to range at will where there is no law, Hahnemann formulated his vast experience in a certain mode of preparing remedies, in a certain mode of proving remedies, in a certain manner of examining patients, and in a certain mode of selecting and administering the remedy, knowing if those rules were closely followed, and united to a



careful and thorough study of the action of drugs as revealed by their provings, greater success would result than from any other mode, as all of his faithful followers have demonstrated.

Hahnemann did not make public any remedy, no matter how much *he* knew about it, till it had been proved according to the rule he had laid down, but in the same volume he gives some of the toxical effects of Psora, Syphilis, and Sycosis, which were probably the "keynotes" from which he prescribed for those "tainted with that same identical virus." He evidently believed that later the problem of the use of these morbid products would be solved, as he says in the foot-note of ¶ 56, page 194, in the *Organon*, "but supposing this were possible, and it would deserve the name of a valuable discovery, etc." The problem is solved by using those products in the *high potencies*.

In my researches in this field, I had no object in view other than to enlarge the armamentarium of our school with valuable remedies, ascertaining their powers, by prescribing them in accordance with the well-known toxical effect of the miasms, and by clinical experience, to interest observing physicians, that they might be induced to prove them. The remedies could only cure homœopathically, and as they *do* cure, it shows that they were homœopathic in those cases narrated. All I ask is an unprejudiced examination of this statement, and if I am in error, show me wherein.

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## ANÆSTHETICS IN LABOR.

DR. C. L. SWIFT, AUBURN, N. Y.

[*Read before the Cayuga County Medical Society.*]

In every age of the world "man has sought out many inventions." Some of these have remained and are an honor to the inventor. Others have been discarded as "worse than useless."

New discoveries have been made in the scientific world. Old theories have been given up and new ones accepted.

What was once practiced and followed is now cast aside and other methods take their places.

There have been those who have accepted the theories simply because they were new and popular. They have tried to practice what was received with most favor during their stage of action, and have tried as best they could to improve and use the latest inventions, and discoveries, sometimes producing disastrous consequences thereby.

Among these discoveries is one which will ever remain to honor the memory of its discoverers, viz.: *Anæsthetics*.

Ether was discovered and introduced into general practice as an anæsthetic by Drs. Horace Wells, of Hartford, Conn., and T. G. Morton, of Boston, in the year 1846. Chloroform was discovered as an anæsthetic in the following year by Professor Simpson, of Edinburgh.

At first these agents were used with great caution from fear of injurious results, but with more frequent use and experience with them this fear is fast passing away, so that to-day they are used in many forms of pain and disease to which the body is heir, such as toothache, neuralgias, spasms, etc., and with some are becoming favorite remedies in cases of labor.

The use of anæsthetics is a great boon to mankind. They have their place in medicine and surgery, but they should be kept in their place and their use restricted to such cases as only demand them.

Are anæsthetics injurious in labor? What harm may result from their use? Is there anything that can be substituted in controlling or directing the pains of labor? These are questions of vital importance to every one who is practicing medicine.

The general effect of Chloroform on the system is well known to every physician, and the indiscriminate use of it is highly prejudicial to the health of patients in ordinary conditions calling for its use. The using of Ether is attended with less danger than Chloroform, but there are also objections to that.

Dr. Henry M. Lyman, in his work on anæsthetics, says: "The contraindications to the use of anæsthetics in obstetrical practice are cardiac and respiratory paresis, which must positively prohibit their use under all circumstances."

Retardation and diminution of the pains are also reasons for withdrawing the anæsthetic. There is always danger in such cases if the wishes of the patient are gratified to their full extent that the use of the forceps will become necessary in order to complete the labor.

The dangers of an anæsthetic in labor are not only the same as in ordinary use, but other dangers may arise which are aggravated or produced by it.

The theory that parturient patients are not as susceptible to anæsthesia as others is not true.

Dr. Lyman says: "The parturient woman is apparently as promptly overpowered by Chloroform or Ether as the non-parturient."

That death may follow the use of Chloroform the following cases, taken from the work of Dr. Lyman, will show:

"A lady during the early stage of labor in the care of a nurse,

her physician being absent, inhaled about five drachms of Chloroform from a handkerchief, went to sleep, and was found dead and cold when the nurse, who had also fallen asleep, awoke.

"Lady six times pregnant had taken Chloroform at each confinement. September 20th, 1858, her pains commenced at two A. M. No one but a nurse in attendance. About twenty minutes to eight A. M. expulsive pains came on, when she called for Chloroform. After breathing it a few times from a handkerchief she threw herself violently back, gave a gasp or two, a slight gurgle was heard in her throat, and respiration and the pulse instantly ceased. Her physician arrived on the spot ten minutes later and found her dead. The quantity used did not exceed two drachms.

"Female twenty-five years, multipara. Labor pains continued during evening and night. The next morning at seven o'clock the membranes ruptured, shoulder presentation. To facilitate version, Chloroform was given by the nurse without calling upon the attending physician. The patient did not arouse after the operation. The physician was called, who found the pulse small, the face cyanotic, the inspirations short and frequent. Patient died in ten minutes.

"Female twenty-two years, primipara. The head of the child was at the point of birth when a slight convulsion occurred. Chloroform was given and the patient was kept under its influence. After the delivery of the head, while the uterus was contracting, the patient shuddered and her pulse ceased—she was dead."

Death to the patient is not the only result to be feared. The fœtus may suffer if the mother does not.

Dr. Lyman, speaking on this subject, says: "The possible effects of Chloroform upon the fœtus must not be neglected. When administered in small and stimulating doses during the pains alone the new-born infant rarely exhibits any symptoms that can be certainly referred to the anæsthetic, but an excessive saturation of the blood may prove dangerous to the child."

One of the dangerous complications of labor is hæmorrhage. Dr. Lyman in speaking of it says: "The possibility of hæmorrhage as a consequence of too abundant or too long continued use of Chloroform should not be overlooked."

Under favorable conditions it is very unpleasant, to say the least, but when it follows the giving of Ether or Chloroform once meeting it will usually satisfy the ordinary practitioner.

You seldom get the regular cannon-ball contractions of the

uterus unless you administer Ergot or Ustilago in appreciable doses, and if you do sometimes they are not as firm and you have to watch your patient with a good deal of care for fear of postpartum hæmorrhage.

Are not these reasons sufficient to cause the candid homœopathic physician who has such abundant resources for knowledge to discard their use?

The homœopathic physician, with his knowledge of the power of potentized drugs and a firm belief in the law of similars, has no need of an anæsthetic in cases of labor.

Labor is a normal and physiological process, and when nature works according to the laws which govern it, why interfere with these laws by giving an anæsthetic?

Dr. Lyman says: "In all cases of normal parturition the employment of anæsthetics is as undesirable as would be the practice of using opiates during the period of normal menstruation. The use of them in such labor can afford no advantage—may even work an injury to the patient."

From experience we learn that there are many causes both inside and outside the female economy by which nature's laws are perverted, and, if left to herself alone, she often fails to carry them out. Then should the physician strive to assist and direct her in accomplishing the desired end. He should not do this by giving an anæsthetic, but by carefully examining the case—its history, its complications, and the concomitant symptoms, all taken together—and then select the most similar remedy for the condition. The labor will then terminate much more satisfactory to the patient and friends and give greater credit to the physician in charge.

Many a physician can testify to the effect of Cham. in cases attended with restlessness, thirst; patients are cross, nervous—will get up, think the pains are too severe—last too long; when they scold at everything and nothing suits them.

A bit of Chloroform or Ether would quiet them; so will Cham. Which is safest and best?

Mrs. S. was taken in labor. Pains would reach to a certain point and then cease. There was great suffering. On examination there was great tenderness of osuteri, walls of the vagina, and vulva. The extreme tenderness could have been overcome by an anæsthetic, but the result would not have been as beneficial as it was under Platina, which removed the tenderness and allowed labor to proceed normally.

There are many remedies from which the physician will be called to choose, and he may often fail in producing the desired



result; but he must never forget that, in order to benefit the patient, the remedy must be indicated.

There is no such thing as giving *Caulophyllum*, *Cimicifuga*, *Collinsonia*, *Pulsatilla*, *Sepia*, or any other remedy, because Dr. So-and-so did, and expect to obtain the best results. But the remedy most similar to the case must be given.

There are cases where remedies will fail and the physician must resort to mechanical means. The forceps must be applied. Surely it is necessary to give an anæsthetic now?

Dr. Guernsey says: "The use of anæsthetics in these operations is particularly objectionable, since their use tends to increase the danger; for when pain is produced by pressure with the forceps, we know all is not right and hasten to correct the error. But when the patient is rendered unconscious by the use of an anæsthetic, this valuable indication is lost." (*Vide Obstetrics*, p. 268, third edition.)

If physicians will spend more time in becoming acquainted with the materia medica and less in looking for something new, they will be more proficient in the art of controlling morbid conditions, and the less will they desire anæsthetics in cases of labor.

## FROM THE MINUTES OF A MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MED- ICAL SOCIETY IN DECEMBER LAST.

Dr. C. L. Swift read a paper on "Anæsthetics in Labor."  
Accepted with thanks.

Dr. Hawley—I like the paper very much. It is wonderful that there should be need to read such a paper on the subject before a homœopathic society. Yet it is necessary. The perils of labor are greatly enhanced by anæsthetics, especially the hæmorrhage.

Dr. Bigelow—Have known homœopathists to use anæsthetics freely. I do not use them.

Dr. Harris—Have used them a very few times in severe pain, after careful examination, and with good success. We should be posted on the provings of anæsthetics. The people need the publication of such a paper as Dr. Swift's.

Dr. Hawley—Feel as Dr. Harris does about the publishing of the paper. This Society seeks to promote the intelligence and usefulness of its members. In all schools there is a tendency to discontinue the use of anæsthetics in labor. Nature is to be relied upon. The homœopathist has the means of meeting disturbances in labor according to law. Have had experience

with anæsthetics in labor in three cases. In all of them the labor was protracted two or three days after using anæsthetics, and there followed headaches of unprecedented intensity. Had a case where a woman had taken an anæsthetic in former labors. She desired that I would use it. I refrained. She thanked me afterward for not giving it to her.

Dr. Martin—I want the woman to be thoroughly alive, so as the better to avoid mistake. The after effects of the anæsthetic on the milk and on the child are undesirable. Can always dissuade the patient from taking anæsthetics.

Dr. Harris—Am always averse to anæsthetics and to instruments, except in extreme cases. Have seen worse effects from instruments than from anæsthetics.

Dr. Nash—Have never used an anæsthetic in labor. Like whisky, it would be an expensive luxury, a hurtful luxury. I say this to my patients. I assure them of my willingness to use anæsthetics if necessary; but I do not find it necessary to resort to them. When the labor is over, invariably the patient is glad that an anæsthetic was not used.

The death of Dr. Augustus Poole, of Oswego, was noted, and a minute of sympathy with his bereaved family was adopted. Dr. Poole was one of the organic members of this Society, and always an honored member.

Dr. Nash read a paper on "Our Journals." Accepted, with thanks.

Dr. Hawley—There must be a change in our journals and in our schools, else we will become an opprobrium. It is not true that the old-school pathology is superior to ours. Have now in my care a case of scirrhus. Breast swollen and tender just before menstruation, and the tumor in the breast becomes then more troublesome. It is the right breast. Nipple retracted slightly. Gave Conium. No result. Learned that she had a fall some three years ago, and struck upon the breast on the side of a chair. Gave Arnica CM, one dose, three weeks ago. The lobulated condition of the tumor is gone. Improvement moves on apace. Clearly this is a case of scirrhus. Any allopathic authority would have pronounced it to be scirrhus, and he would have advised amputation. Amputation would, in two years, be followed by a funeral.

Dr. Seward—Cured a case of scirrhus thirty years ago. It remains cured to this day. We should not allow our diagnosis of scirrhus to be denied because the scirrhus has been cured.

Dr. Nash read a proving of *Lac caninum*. The paper was accepted with thanks.

C. P. JENNINGS, *Secretary*.

## A REPORT ON LAC CANINUM.

E. B. NASH, M. D., CORTLAND, N. Y.

Arthur Deliven, age twenty-five; light complexion, dark hair and eyes; spare. Commenced taking Lac. can.<sup>20</sup> (B. & T.), Friday evening, October 26th, 1883. Took it through Saturday once an hour, six pills, No. 30, moistened with B. & T.'s 200th. Felt no effects Saturday; omitted it Sunday afternoon. As yet no effect. Commenced again from morning, when he began to feel painful fullness in back, across region of kidneys, much increased toward night. Lying down at night the pain ceased, also pains in calves of legs, but returned soon after beginning to move Tuesday morning and continued all day. Monday morning began to feel a sore place on left tonsil; feels like a sore boil. In the evening seemed not quite so sore, but the back more painful.

Did not feel the soreness of throat much through Monday night. Tuesday morning when he awoke throat felt as though there were lumps in it like two eggs, and sore all the time, especially when swallowing anything. Cold water seemed to relieve momentarily. Tuesday evening examination reveals both tonsils much swollen and very red—left most, and distinct patches on left tonsil. Pain in left occipital region running up when moving head. Pulse 90. Feels feverish, face flushed; urine is unusually frequent and dark. Sometimes darting pain in region of right kidney. First night got to sleep late; sweat profuse during sleep. Felt feverish all night. Morning feels better every way. Has not taken the pills during the night at all.

Miss Nell, age thirty-two; blue eyes, brown, light hair; bilious temperament. Commenced taking Lac. can.<sup>20</sup> Tuesday, October 30th. Took No. 30 pills, six once an hour. Felt no effect until Friday, when she noticed that when she rose to walk across the store she was very dizzy. Head felt dizzy all the time, but was greatly aggravated when moving. (Has had similar spells before.) Monday night shortly before retiring throat began to feel raw and sore. Did not sleep well Monday night, and in the morning the throat felt full and sore, and a little the worst on the right side. This condition of throat continued until Wednesday, when it seemed to continue downward, and sensation as of a hand in upper part of the chest or lower part of neck began to be experienced. This tightness was very bad, and soon in afternoon, about 2 P. M., commenced a dry cough

which was very severe. Thursday, coughs all day in a dry, hacking cough, with occasional severe paroxysms, very fatiguing, with cold hands and perspiration after coughing. In the evening after a hard spell of coughing raised a little blood-stained mucus, a pinkish stain. Frightened her mother. Dreamed the night before that she had hæmorrhage of the lungs. This was caused by the bad feeling in the lungs. Did not cough during the night. Laughing or talking seems to excite the cough. The sensation which provokes the cough is a soreness, fullness, and a sensation as if something might give way and she would have hæmorrhage, fears it. This same sensation extends through to the chest, lower inner angle of left shoulder-blade. Chest feels tired and sore. Coughs almost continually while giving me these symptoms. Nose discharges much thin, watery mucus. Every cough hurts her half way down the sternum; feels as though the wind-pipe were peeled inside. Stopped the proving, but the cough and soreness continued obstinate for several days. It finally subsided gradually under the use of Bell 2c.

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## NOSEBLEED: WITH CLINICAL REFLECTIONS.

AD. LIPPE, M. D., PHILADELPHIA.

A married lady, age fifty years, on whom we had waited for over thirty years, had inherited the predisposition to tuberculosis and had all the premonitory symptoms some thirty years ago but by care and careful treatment enjoyed comparatively good health. On the 12th of January she consulted me about some new harassing symptoms. There had been a formation of increasing scabs in her nostrils; they first appeared on the left side and now extended to right side. When she blew her nose they came away and then came a few drops of blood; the nostrils felt sore. She took that evening one dose of *Lachesis*<sup>cm</sup> (F. C.). When she awoke early next morning her nose began to bleed profusely; the blood would coagulate for a short time in the nostrils and in the posterior nares, but she was impelled to blow her nose and hawk up this coagulated blood, falling from the posterior nares into the throat. She became quite alarmed at this apparent hæmorrhage and requested me to call and see her. *We took in the situation*, and came to the conclusion that this alarming condition was caused by that dose of *Lachesis* and *thus*, of course, *we waited*. The hæmorrhage ceased before noon entirely, the subsequently formed scabs in the nostrils became smaller and smaller; the lady has not needed



any further medication, as she found the healing process was progressing.

*Comments.*—As there *never* will be found a specific for nose-bleed or for any other diseased condition, it behooves us in every individual case *to take in the situation* and individualize. In this case it was apparent that the violent nosebleed was caused by the one dose of Lachesis given the evening before for “*the totality of symptoms.*” We administered a well-proven remedy in an appropriate dose and the result demonstrated the correctness of our supposition.

As we live in an age in which labor-saving machines are at a premium, it is not to be wondered that there exist medical practitioners who, affected by the prevailing epidemic, exert their ingenuity to discover medical-saving machines, and to what spot on the globe can we look more hopefully for an inventor of new medical principles, new laws, and labor-saving machines, than “Gotham,” the Eldorado of medical “cranks”? One of the shining lights has advertised that *he* has found a specific for nosebleed which can be obtained from him in a highly potentized form—which makes up for the want of a proving of said specific nosebleed cure. This method would save labor if successful, but as it cannot be done we will undertake to give a labor-saving analysis of the various remedies good for nosebleed under *certain conditions*.

NOSEBLEED IN GENERAL: Aconite, Agar., Alum., Ambr., Amm. carb., Amm. caust., Anac., Ang., Ant. cr., Asterias rub., Argent., Arnica, Arsen., Asaf., Baryta, Bellad., Borax, Bovist., Brom., Bryon., Cactus gr., Calc. c., Cannab., Canth., Caps., Carbo an., Carbo veg., Caust., China, Chinin., Cham., Cina, Coff., Colch., Con., Corall., Croc., Crotalus, Cupr. ac., Diad., Digit., Dros., Dulc., Euphr., Ferr., Granat., Graph., Gumi gutti., Hep., Hyos., Igt., Indigo, Iod., Ipec. Hamamelis, Kali c., Kali chlor., Kali hydroj., Kreasot., Lach., Led., Lyc., Magn. carb., Magn. m., Magn. sulph., Meny., Mephit., Merc. v., Merc. corr., Merc. cyan., Mercurialis, Millef., Mosch., Mur. ac., Natr. carb., Natr. mur., Natr. sulf., Nitr., Nitr. ac., Nux v., Paris, Petro., Peruvian bals., Phosph., Phosph. ac., Puls., Ratanh., Rhod., Rhus, Ruta, Sabad., Sabina, Sarsap., Secale, Senega, Sep., Sil., Spong., Stann., Stront., Sulph., Sulph. ac., Tarax., Tart. em., Tereb., Thuja, Veratr., Vinca, Viol. od.

FROM ONE NOSTRIL: Crot., Corall. rubr.

— the right nostril: Gummi gutti., Sars., Veratr.

— the left nostril: Ferr. ac., Nitr., Merc. sol., Rhodod.

BLOOD, dark : Lach., Nitr. ac., Puls., Sulf. ac.

— fluid, thin : Kreosot., Crotalus.

— pale : Baryta, Carbo an., Crotal., Digit., Dule., Kreosot., Hyos., Led., Sabad.

— black : Crocus., Nitr. ac., Kreosot.

— sharp, like vinegar : Nitr., Sil.

— warm : Dule.

— thick (heavy) : Croc., Kreosot., Lach.

— clots, forming : Crot., Merc., Lach., Nitr. ac.

#### CONDITIONS.

IN THE MORNING : Agnu., Ambr., Amm. c., Bell., Berb., Borax, Bov., Bry., Calc. c., Canth., Caps., Carbo an., Carbo veg., China, Colch., Dros., Graph., Hepar, Kali c., Kreosot., Lach., Magnesia, Meny., Natr., Nitr. ac., Nux v., Petr., Phosph., Rhus, Sep., Stann., Sulph., Thuja.

— — — while in bed : Baryt., Bry., Caps., Carbo veg., Magnesia, Stann.

— — — when awaking : Stann.

— — — when rising : Stann.

— — — every morning : Kali c.

— — — better : Magn. mur.

IN THE FORENOON : Carbo veg.

AT NOON, before eating : Tarax.

IN THE AFTERNOON : Carbo a., Lyc., Natr. sulph., Nitr., Sulph., Tart. em.

EVERY EVENING : Ant. crud.

IN THE EVENING : Ant. cr., Borax, Coff., Colch., Dros., Ferr., Graph., Lach., Lyc., Phosph., Sepia, Sulph., Sulph. ac.

DURING SLEEP : Bry., Merc. corr., Merc. v., Natr. s., Nitr. ac., Puls., Sulph., Veratr.

AT NIGHT : Bell., Calc., Carb. veg., Corall, Graph., Kali chlor., Magn. m., Magn. sulph., Natr. m., Natr. sulph., Rhus, Verat.

COUGHING, when : Bell., Bry., Carbo an., Carbo v., Dros., Ferr., Hyos., Merc., Natr. m., Nitr. ac., Puls., Sulph.

EATING, after : Ammon. c., Argent.

SNEEZING, when : Con., Magn. c.

HAWKING, when : Rhus.

CONGESTION to the head, with : Acon., Alum, Bellad., China, Con., Crot., Graph., Rhus.

CHILL and heat, between : Eupat. perf.

GIDDINESS, after : Carbo an.

SINGING, after : Hepar.

SITTING, while : Carbo an., Sulph. ac.

WALKING, when in the open air : Lyc., Natr. c.

STOOL, while straining to : Carbo v., Phosph.

— during : Phosph.

WASHING, while : Amm. c., Dros.

STANDING, while : Sulph. ac.

STOOPING, while : Dros., Ferr., Natr. m., Rhus, Sil.

— after : Carbo veg.

VOMITING, after : Ars.

OVERHEATED, after being : Sep., Thuja.

— during and after the use of spirituous liquors : Acon., Bell., Bry., Lachesis, Nux.

MENSTRUATION, during : Natr. c.

— before : Lach.

— being suppressed : Bry.

— being too scanty : Puls., Secale, Sep.

— being too profuse : Acon., Calc. c., Croc., Sabina.

#### CONCOMITANT SYMPTOMS.

Eye and chest symptoms are relieved : Brom.

Morning headache is relieved : Magn. sulf.

Bleeding from all apertures of the body : Crotal., Lach.

Congestions to the head, with : Alum, Graph.

Chest, with pain in the : Carbo veg.

Face, with paleness of the : Carbo veg.

— — heat of the : Graph.

Limbs, with pain in the : Natr. c.

Palpitation of the heart, with : Graph.

Headache, with : Alum, Carbo a., Dulc., Lach., Magn. c.

Fainting, with : Calc. c., Crot.

Giddiness, with : Carbo an., Crotal., Lach.

Perspiration, cold on the forehead : Crotal.

Vanishing of vision : Indigo.

Coryza, with : Ars., Puls.

Palpitation of the heart, with : Cactus grand.

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#### THE WAR ON THE HUDSON.

The New York State Medical Society at their last meeting, held February 5th, again ratified the *New Code*. This ratification of liberal principles so angered the old fogies—who could not be gentlemanly or honest in their conduct unless bound by an oath—that they (the old fogies) rebelled, seceded, and formed an iron-clad, double-riveted, oath-bound society! Seventy-five joined this Protective Union.

## BUREAUS OF A. H. A., 1884.

### OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

Dr. J. R. Haynes, *Chairman*, Indianapolis; Drs. J. P. Mills, Chicago; A. McNeil, Jeffersonville, Ind.; J. A. Compton, Indianapolis; C. P. Beaman, Stanford, Conn.; Theo. Foote, Vineland, N. J.; Tuller, Vineland, N. J.

### BUREAU OF SURGERY.—SUBJECT FOR DISCUSSION, CONSTITUTIONAL EFFECTS OF INJURY.

C. H. Lawton, M. D., *Chairman*.

1. *Shock, Etiology and Diagnosis*, C. H. Lawton, M. D.
2. *Shock, Prognosis and Therapeutics*, Edward Cranch, M. D.
3. *Traumatic Fever and Delirium*, Edward Mahony, M. D.
4. *Traumatic Encephalitis*, L. B. Wells, M. D.
5. *Traumatic Erysipelas*, C. W. Butler, M. D.
6. *Tetanus, following an injury of the Spinal Nervous System*, H. I. Ostrom, M. D.
7. *Therapeutics (traumatic)*, J. B. Bell, M. D.

### BUREAU OF MAT. MED., WITH PROVING OF LAC FELINUM.

E. Rushmore, *Chairman*; Drs. C. Lippe, E. Cranch, Laura Morgan, L. A. Rendell, T. S. Hoyne (remedies having a curative effect in skin diseases); P. Alvarez, Madrid; J. E. Winans, W. M. James, A. Fellger, C. W. Butler, C. Carleton Smith (comparative study of Lachesis and Lycopodium.)

Several of the above are engaged in the proving of Lac felinum.

### BUREAU OF CLINICAL MEDICINE.

Dr. J. A. Bigler, *Chairman*; Drs. Clement Pearson, clinical cases; Julius Schmitt, R. R. Gregg, clinical cases; A. McNeil, cases cured by Psoreinum; Ed. Bayard, nosodes; Benjamin Ehrman, Daniel W. Clauson, John Hall, F. Bruns (chronic diseases, how treated and crowned with success when we follow Hahnemann and the pioneers); E. W. Berridge.

Place of meeting: Washington, D. C.

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### OXEODAPHNE.

Dr. Edward Palmer, in his exhaustive article upon "The Plants used by Indians of the United States," says:

"*Oxeodaphne Californica*.—This fine evergreen tree of California has a very strong, spicy odor. By rubbing the hands and face a short time with the leaves a very distressing headache will



be produced. Hahnemann is not the only discoverer of the fact that like cures like; for long before he was born, the Indians of California were aware of the power which this plant has of producing a headache in those that are well, and to cure those who are afflicted with it."—*Am. Nat.*, Vol. XII, p. 652.

J. Murray Moore has made enough of a proving of this drug to indicate that it would be very useful to us. (Allen, *Ency. Pure. Mat. Med.*, Vol. X, p. 609. "Oxeodaphne," *Month. Hom. Rev.*, Vol. XXII, p. 485.) Will not our California brothers give us a good, full proving? It should be done.

MILLSAUGH.

## CLINICAL BUREAU.

### RAPID CURE OF A DISEASE THUS FAR KNOWN AS ABSOLUTELY FATAL.

(Observed by Dr. Buchmann in *Alvensleben*, translated from the "*Allg. Hom. Zeitung Leipzig*," Vol. CVII, p. 22, by B. Fincke, M. D.)

Whenever from time to time I shall offer a case in this journal, an elaborate model-report of the whole process of the disease should not be expected, since I can only make a note of the remedies given and must replenish the rest from memory. On the whole, I am of the opinion that short reports of cases—if only the striking healing action of a remedy is clearly shown—are more useful, for the actual cure of a disease is much more important for us than the description of its remarkable course.

The farmer D., fifty years old, phlegmatic, tall and slender, suffered during the past summer several times of irregular chills with following heat and loss of appetite, so that he feared the development of an intermittent; but he did not pay sufficient attention to it, since he was not obliged to interrupt his labors in the field permanently.

September 12th I was called to see him, because he felt himself too weak to leave his bed. Frequent shiverings, great muscular weakness, restless sleep, loss of appetite, tongue coated and inclined to dryness, language difficult, slight bronchial catarrh, increased temperature of the skin, though the pulse was not accelerated through the day; increased thirst, drawing pains at the thorax and in the abdomen, paleness—all these symptoms left

no doubt that here was a case of *Typhus ambulatorius*,\* localized as gastric and duodenal catarrh, since the sluggish evacuations were colored a grayish white. In the night, symptoms of decline and talking without sense.

Till end of September the condition—under the use of *Chelidonium majus*, 6 cent., and *Bryonia alba*, 6 cent., in globules—had so far changed that the tongue was moist and clean, the nightly delirium had ceased, and some spoonfuls of soup could be taken. The patient felt better, and, except a great sensation of weakness, had nothing to complain of.

Oct. 1st.—Patient complains, with a hoarse voice, of pains in the pharynx, which, accompanied by a wound-like sensation, extended down the throat as far as the posterior part of the sternum; of impossibility to swallow; of increased pains in the larynx on coughing; of retching, with ejection of much tough mucus; of great heat and much thirst. The pulse was accelerated. Urine transparent, of reddish color; tongue coated, thick, and grayish yellow. From half of the hard palate backward, uvula, tonsils, and pharynx were covered with a thick, grayish-white substance, which gradually entered into dispersed whitish granules, of poppy-seed size, toward the front of the palate.

Dr. Kafka says in his *Therapia* on this disease: "The thrush of the adult, which commonly extends into the pharynx and larynx, and even into the œsophagus, is incurable. It is a veritable bird of death which announces the approaching end. In order to avoid laying our hands in our laps, we cause the cavity of the mouth and throat to be painted with a linctus composed of *Borax* or *Sulphuric acid* and *Mel rosatum*; but the result is always—*Certa mors!*"

In spite of my terror at the appearance of this disease, the thought occurred to me that a remedy which frequently has caused speedy improvement in *diphtheritis* possibly might prove curative also in this infectious disease, localized in the same region, though thus far no cure had been published. I therefore prescribed R̄ *Mercur. cyan.*, 15 cent., about twenty globules, to

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\* According to Kafka, typhus is subdivided into the non-localized and localized typhus. The non-localized typhus, again, is either abortive typhus or typhus ambulatorius. The localized typhus comprises the ileotyphus or typhus abdominalis and the typhus exanthematicus or petechialis. The typhus ambulatorius has a tedious course—lasts often eight to twelve weeks—and terminates mostly in convalescence. But the recovery is doubtful when the disease turns into localized typhus, and the termination is absolutely fatal when localized upon the mucous membrane of the mouth and throat under the symptoms of muguet (severe form of thrush) and diphtheria.—B. F.

be dissolved in a cup of water, and the patient—in case he could not swallow—to take some of the solution every two hours and to keep it for a few minutes in his mouth.

The next morning the wife of the patient showed me a convoluted lump of tough mucus which could have filled more than a spoon, mixed throughout with white granules of poppy-seed size in great quantity, which on waking up in the morning had been expelled by the patient in one piece. The mucous membrane in the cavity of the mouth and throat appeared, with the exception of the tongue and gums, dark red, spongy, and only here and there covered with white granules. Much tough mucus had been expectorated; swallowing difficult; painful hoarseness; sensation of a wound, as before, down the throat; tongue clean, with woundlike pain at the edges; urine reddish yellow, turbid, with sediment of like color; skin perspiring—more so on the chest—œdema of the feet less.

Ry *Merc. cyan.*, 15 cent. u. s.

Oct. 3d.—No more granules to be discovered in the mouth. Mucous membrane paler, less swollen. At the uvula and palate in two places aphthous ulcers. Cough worse with profuse expectoration of mucus.

Ry *Apis. mel.*, 30 cent., three globules every three hours.

Oct. 7th.—œdema pedum gone. Since day before yesterday toward 4 P. M., chill, lasting half an hour. Then heat till noon, then profuse perspiration till toward morning of next day. Tongue moist; clean. Stool, until now, only every third day and difficult. Urine of normal color with gray-red sediment.

Ry *Ipec.*, 6 cent., three globules every three hours.

Oct. 10th.—The fever attack gradually disappeared.

Ry *China*, 3d dec., three times a day.

Oct. 15th.—Perspiration toward morning on the chest. Appetite indifferent. Pale skin and pale mucous membrane in the mouth.

Ry *Pulsat.*, 6 cent., five globules every three hours. Meat soup and wine.

Oct. 20th.—Disappearance of night-sweats, quiet sleep, trying to walk, external appearance better.

Ry *Ferr carb.*, 4 dec., about as much as a lentil three times a day.

Convalescence.

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In this connection the following observation of Dr. B. Fincke may be interesting :

## CASE OF DIPHTHERIA CURED BY BORAX 9c.

Mrs. H., sixty years old, robust workingwoman, New York.

Nov. 29th, 1881, was taken with chilliness, fever, sensation of a lump in the throat or windpipe, that she can swallow only with great pains. She cannot speak; it is as if she had the whole mouth full of pap. She lies in bed since the 26th inst. When spitting she expels bloody mucus. Now the children had had thrush and got well on Borax v., 9c., in water, given by teaspoonful every two hours, and it happened that two powders were left unused. These patient took in the same way as the children did.

I saw her to-day at 10 A. M., and found her looking better than expected. Pulse 102. The whole pharynx was covered with a dirty yellow thick skin, which in some places became detached in flakes. The uvula only was free, and swollen with congested veins along its length. There was, however, no foetor, no bad taste. But the nose felt wound-like in its upper part. On swallowing, cutting pains extending to both ears. Last night the two powders had given out, and so she took on her own account a dose of Bellad., 9c., from her medicine case. But she had a bad night of it. This morning, however, she was better. The mucus was expelled freely; she could not describe sufficiently how much there was of it; it was suffocating. Since Borax had acted so well with her, as also with the children, who had been reported to have thrush, but very likely also had had diphtheria, because as now is described to me, their tongues, cheeks, pharynxes—in fact, the whole cavities of their mouths and throats, were covered with a thick skin. I gave again R Borax ven., 9c., in half a tumbler of water, a teaspoonful every two hours as before.

Dec. 5th.—The diphtheritic skin was all gone. Only the uvula looks livid and swollen from the enlarged veins along its length. Pains in throat at the left side on swallowing.

R Lachesis, 9c., in water, u. s.

Convalescence.

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There seems to be a close relationship between the nosographical groups of thrush, muguet, diphtheria, and croup, having as *fundamentum divisionis* the exudation of an excrementitious matter, viz.: fibrine, which seems to go no deeper than the epithelium at first and affects the deeper tissues only in the later stages. This exudation forms the pseudomembranous covering



of the mucous membrane and endangers life on account of its extension in all directions.

Hartmann in his *Kinderkrankheiten* already discriminates between common thrush and muguet, which he calls "*stomatitis diphtheritica*, a pseudomembranous form of the mucous membrane of the mouth and throat" (p. 128). Here in the latter case the thrush remedy, Borax (see *Chronic Diseases*, II, p. 290, symph. 150-152) cured diphtheria, and in Buchmann's case the diphtheria remedy, Mercurius cyanatus, did the same for stomatitis diphtheritica or muguet or aggravated thrush.

*Ceterum censeo, macrodosiam esse delendam.*

B. FINCKE, M. D.

## PROVING OF LAC VACCINUM DEFLORATUM.

E. W. BERRIDGE, M. D., LONDON.

Mrs. D. H. H. W., æt. twenty-eight, twice took three cm. (Swan) with the same result each time; the first time she took two doses; the second time number of doses not recorded. It caused photophobia for sunlight in both eyes; eyes red, lachrymative; left eye more sore than right.

## BOOK NOTICES.

UTERINE THERAPEUTICS. By H. Minton, A. M., M. D. New York: A. L. Chatterton Publishing Company. 1884.

We welcome the appearance of this volume of seven hundred and ten pages, not only as the outcome of years of diligent endeavor to furnish aid to faithful workers in their endeavors as healers in the department of therapeutics to which this volume is devoted, but as a timely and not too early witness to the truth that much of the manual and mechanical interference with uterine ailments, which passes at present under the rather imposing term of "*Gynæcological Surgery*," is wholly unnecessary, and not unfrequently injurious, morally and physically. That most of these ailments are better and more successfully treated by the use of the truly related homœopathic remedy than by any mechanical interferences or appliances has for a long time been with us an earnest conviction, fully sustained by our own not very limited experience, now extending over forty-five years, in which we have *in no one case* had recourse to any mechanical contrivance whatever. In our hands the specific remedy, when found, has left us and our patients with no need of help from any other source.

That there have been difficulties in finding the remedy in many cases is true enough. But diligence and perseverance has enabled us to secure to our patients the above stated results. The difficulty has been partly in the nature of the cases treated, many of which express but obscurely symptoms which are most important to specific therapeutics, and partly from defect of

our materia medica, growing out of the fact that so large a majority of the provers from whom we have our record were males, and could, therefore, give us nothing as to the effects of the drugs proved on the female organization. This difficulty has been to some extent lessened by the contributions of those women who have been admitted to our ranks as collaborators of late years.

The difficulty, that of finding the specific for any given case, has been reduced to a minimum by the zeal, diligence, perseverance, and intelligence of our excellent neighbor and friend, the author of the volume before us. A book with a plan and a purpose, the plan being clearly adapted to the end in view and the purpose a laudable one, is a book always to be thankfully accepted from the hands of the author, and all the more when it treats of a subject so important as that to which the volume before us is devoted. Its plan is excellent, being so like that of the peerless Bœnninghausen in his *Therapeutics of Fever* as to suggest its having been modeled on that peerless work. First, so to say, a group of the concrete symptoms of the medicines brought within its scope, and then a repertory, giving in detail the symptoms with the needful concomitants and modalities, in such fullness as to reduce the finding of the required remedy to a minimum of difficulty, except to such as are embarrassed by a wealth of means or confused by a "wilderness of symptoms." We have no hesitation in commending the volume to all lovers of truth and decency and all who are workers under the guidance of our law as healers, and especially those who are more interested in their labors for the relief of the class of sufferers for whose benefit the work has been prepared.

The purpose of the book, the motive of its author in its preparation, was, no doubt, to lighten the labors of others in a department of work which he had long, faithfully, and, we have no doubt, successfully pursued. We do not know if beyond this he aimed a blow at what has come to be one of our greatest modern abominations. It cannot be truthfully denied that what now passes and is now practiced as *Gynæcological Surgery* has come to be a source of demoralization often to patient and practitioner of the gravest character. We do not know if it was the object of the author to silently rebuke this abomination, but we do know that a faithful use of the means his book puts into the hands of the profession will, in the assured successes which will result, successes without offense to delicacy or moral stain, to practitioner or patient, will multiply rebukes of the prevailing abominations in every cure so wrought, by adherence to pure law and its corollaries.

It will not be understood by the above that we suppose our author opposed to, or to be undervaluing, any right and proper dealing with cases which are proper subjects of surgical interference. Neither are we. But the craze to which we refer makes no discrimination. It assumes uterine or ovarian affection, proceeds to search for it, and as the search is good for nothing unless something is found, and if nothing is found the practitioner is in danger of discredit, therefore something *is* found, and this something is asserted to require further instrumental or mechanical interference, and this implies further exposures and advancing demoralization, and this, too often, to end in new and additional troubles, demonstrating the worthlessness, to say the least, of all this parade of that which may have had in it little of knowledge or skill.

This sketch is from life, as the following cases will demonstrate. A patient of the writer, married late in life, after the severe labor at the birth of her first child had occasional slight attacks of leucorrhœa with pains in the sacral regions. These were promptly relieved by medication. Their return impressed the patient with fear of cancer. Though told she had no symptoms of this dread plague, she listened to the advice of one of those kind lady friends, who know all about it, and consulted one of those doctors who "make female complaints a specialty." The doctor introduced the speculum, and, of course, found what was sought. "What!" was the exclamation. "No cancers! Why, here

are *six*!" That was enough to satisfy the patient that she had found the right doctor at last. This discovery was followed by frequent subsequent use of speculum and local applications, till the doctor said "*five of them were healed*." But the sixth and the largest was "higher up," and now this was to be attacked direct. The endeavor, in accord with this diagnosis, to introduce the medicated application into the interior of the uterus was followed by an intense metritis, from which the patient escaped with life but not with confidence in the knowledge or skill of her before admired doctor. The cancers were suspected, and, therefore, plenty of cancers were to be found, and they were. It was only when the doctor would give the *coup de grace* to the biggest of them by one grand effort of genius and skill that the whole imposture was apparent to patient and friends.

A second and different case which ultimately came under our care for repair of damages well illustrates another form of the evil we deprecate. Miss —— was a young lady of twenty years, far above the average of intelligence and refined sensibility, of a family numbered in the first social circles of our city, and she sought the advice of a doctor for some trifling ailment. This was at a time when the speculum craze was young, and the doctor had a speculum, and he persuaded his patient that it should be used; and he used it. Then, of course, he must appear to be up in all which then and now goes to make up "*local treatment*." He had to find *something* by the specular examination or what was the use of it? It was found and treated by frequent subsequent use of the speculum and "*local applications*," with, as the only result, an irritation and inflammation of the ovaries which made her life a misery. After enduring this for some months and resorting to *change* to country air for relief, she became my patient. The most careful examination of the case disclosed absolutely nothing in the past calling for the use of the curse, the speculum, or for "*local treatment*," and nothing appeared which was not reasonably and legitimately traced to this treatment as its origin. The patient was cured of all after some difficulty and is now an ornament of the society in which she moves.

This whole proceeding we do not hesitate to say is unnecessary to any best and most "*scientific*" efforts to relieve the troubles which have led to this unjustifiable proceeding. These troubles, those of them which admit of cure, are far more amenable to their specific remedies than to any mechanical means whatever. And the profession and the public are under no small obligation to our author for this contribution of his knowledge and labor to lessen the difficulties of the one, and give hope and help to the other in their sufferings from a class of evils altogether too common.

As to the manner in which our author has performed his task. The examination we have been able to give his book up to this present writing has disclosed nothing to be changed. Under some of the rubrics omissions have been found of remedies the experience of the writer would have placed there. These have been few. The whole work shows thoroughness which is as truly gratifying as is the work itself full of promise of usefulness. We wish it and its author the success they both merit.

P. P. WELLS.

**AN OBSTETRIC MENTOR.** A hand-book of the Homœopathic Treatment required during Pregnancy, Parturition, and the Puerperal season. Pp. 219. By Clarence M. Conant, M. D. New York: A. L. Chatterton Publishing Company. 1884.

The title-page of Dr. Conant's little volume, as given above, shows the subjects upon which it treats. They are those upon which we all, at times, need the best advice. This Dr. Conant's book furnishes. This is one of the books that every physician who practices *Homœopathy* should possess.



THE

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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## CRITICISM OF DR. WILSON'S REJOINDER TO DR. WELLS ON THE VITAL FORCE.

B. FINCKE, M. D., BROOKLYN, N. Y.

*"Allowing all he says to be true, it reduces him to the absurdity of attempting to prove a self-evident proposition."*

But Dr. Wilson does not allow "all he says to be true;" on the contrary, he denies the vital force to be a self-evident proposition, and this makes the difference. He says, with the scientists, there is no such thing as a vital force. Hence it is perfectly right in Dr. Wells to demonstrate the self-evident truth that there is a vital force. Suppose Dr. Wilson were born blind, and Dr. Wells would tell him the self-evident truth that the sun shines, would he be justified to deny it on the ground that he is blind? No more is he entitled to deny, being intelligently blinded by the scientists of to-day, the vital force.

*When the point at issue is assumed by either party, to say the least, it cuts out the party so assuming, and the argument is ended.*

But the point at issue is not assumed by either party because Dr. Wilson denies the vital force to be self-evident. It, therefore, makes him liable to the argument applied to him.

*Since to our mind the question is debatable and worthy of study, we cannot follow Dr. Wells, etc.*

This is the loop-hole which proves the trap for Dr. Wilson. For it was Dr. Wilson who denied the existence of the vital



force, being out of date to-day, and Dr. Wells maintained it and proposed to discuss it. If, then, Dr. Wilson finds the question worthy of debate, he is in accordance with Dr. Wells. Why, then, blame him with an absurdity which does not exist? Dr. Wilson therefore admits the vital force to be a proper subject for controversy, and contradicts himself.

*The facts of Homœopathy are one thing, and the theories which help to explain them are another thing.*

Just so. The standpoint of Dr. Wilson, which he stated admirably at the close of his editorial in the *Medical Advance*, November, 1883, does not leave any doubt of pure empiricism when he says: "Homœopathy is a simple, straightforward system of therapeutics, a plain and easily understood method of healing the sick. It may or may not be explained. Put it to a practical test; that is all we ask." This is pure empiricism, and not science. It only depends upon some facts deduced from practice, and is content with some rules for guidance. It is in no way different from the old practice, which likewise is deduced from certain facts and proceeds according to some rules for guidance derived from them. All empirical knowledge depends upon facts which have been correctly observed. These are collected to a whole of experience, and originate some laws which then are used in practice. This is Dr. Wilson's idea of Homœopathy. The facts are that *similia similibus curantur*. In finding the *similia* on one side upon the sick, the totality of symptoms gives the fact of the pathogenesis, and in finding the *similia* upon the healthy, the totality of the symptoms produced in the healthy gives the fact of the pathopoesis. Both neutralize each other when the remedy is given in the proper dose, and that is the fact of the cure. From these facts the rule *similia similibus curantur* is deduced. And that is all there is of Dr. Wilson's empiricism. It is only a step to science; only the material furnished to lead by induction to the science of healing. Now, Dr. Wilson is so down upon theory, and yet even his empirical view is nothing but a theory. What is a theory? An explanation of facts according to general laws, and it is not such a contemptible thing as many make it out to be. When Dr. Wilson, from the facts of experience, experiment, and observation, concludes that *similia similibus curantur*, he has found the general law governing the cure; this conclusion is the theory of his empirical experience, and so far his proceeding is perfectly justified.

But it is not enough to have reached a sound theory by deduction from the facts, and a rational cognition of the same; it must, if true, depend upon the double proposition:

First, That the empirical matter of fact and the general laws are thoroughly understood, and

Second, That the realm of the rational knowledge from which a series of experiences are explained is determined correctly.

It would lead too far to show how short Homœopathy comes in understanding the empirical data and the general laws thoroughly when Dr. Wilson himself rejects the vital force of the organism.

*As scientists, we take matter and force as our ultimates, etc.*

The pretension that chemistry and physics are the only objects of science, must be rejected. They are sciences, and so there are other sciences, and the science of healing is one of them. But of course, from the limited empirical standpoint, Dr. Wilson cannot yet discern any science of Homœopathies,\* though it has all the attributes of a science. It has a multitude of well-established facts connected by a general principle which is in accordance with the laws of motion, because they themselves are one application of it.

If the scientists of the physico-chemical school are satisfied with their prime principle of matter and force which is sufficient for them to explain chemical and physical facts, it does not follow that matter and force are ultimates of other scientists of other schools—for instance, of the biological school. The hope held out, that the principle of the physico-chemical school will as it progresses be able to explain even what biologists call the vital force, is one not to be entertained at the present time, and dies out when we see how insufficient are the results of the investigations in this direction. And it is an impossible undertaking, since life does not originate from matter, but matter is animated by life.

But Dr. Wilson gives no proof for his assertion that "Homœopathy stands upon chemistry and physics with no fear of falling." According to Hahnemann, it stands upon quite a different foundation—the laws of life. The flimsy deduction from the conservation of forces and indestructibility of matter cannot account for the phenomena of life, may the advocates of the agnostic philosophy say ever so much. If force and matter are related to each other as cause and effect, it does not give any information about the origin of force. If force is matter in motion, and matter in motion is the cause of force, and matter in motion is the effect of force, this is a circle of reasoning out of which no life can be constructed. It only is a *testimonium*

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\*Dunham's Science of Therapeutics.

*paupertatis* which leads to agnostics, *i. e.*, the science of the unknown—a negative science, which can only have a negative effect in denying what is as open as day to every thinking mind, if not biased by chemistry and physics.

*We reject the assumption of a life principle as an unscientific theory.*

This is of no value if Dr. Wilson takes chemistry and physics to be the only science in existence and its votaries the only scientists in the world. The vital force is a fact which every birth and every death and daily life can testify to. But it is useless to argue with people who do not want to acknowledge themselves beaten. How can Dr. Wilson say that it is not necessary to account for the phenomena of health and disease? How can he, if he takes the totality of symptoms to be the whole disease that is for us possible to know, and these symptoms mostly subjective, and of the greatest value in the healing art? How will chemistry and physics come to our aid if a person is insane and there is no chemical and physical data there to go upon? And will chemistry and physics explain the action of Hahnemannian high potencies in which chemical and physical tests of the greatest delicacy cannot discern the least thing? Nay, the overbearing of these late daughters of philosophy is intolerable. They fail to show the vital phenomena to be the consequences of matter and force, and fall into the apotheosis of ignorance, giving it the name of Agnostics, and the host of those who are innocent of proficiency in these otherwise so useful branches of science accept their false philosophy, and pride themselves upon their knowledge gained by others.

*And more especially we object to making it the foundation of the homœopathic healing art.*

Dr. Wilson comes too late. Hahnemann has done so and with perfect right. If Dr. Wilson deviates from him in this vital point, and falls back upon a mere empirical standpoint, he only shows the retrogression which the modern exact sciences have inflicted upon the homœopathic profession. That they are the great majority, does not in the least affect the truth of the Hahnemannian principle, because every cure with a high potency proves him to be correct. Why the truth of a vital force should be shadowy and untenable is easier said than proved, when all the phenomena concerning health and disease testify to it. If the ingrown toe-nail is cured by the thousandth centesimal potency of Graphites again and again, what explanation can chemistry and physics offer for it? It is accidental, they say.

But if the proving of Graphites proves the cure to be homœopathically correct, where is, then, Dr. Wilson's agnostic philosophy?

Dr. Wells is right. Without vital force as a chief factor, Homœopathy has no philosophy, as Dr. Wilson himself proves by assuming the empirical standpoint. But Dr. Wilson does not want a rational philosophy, such a one as founded upon the reason of man. He wants one made to order of the scientists of to-day, and says we have such a one. We do not know of it; Dr. Wilson will have to produce it in order to make good his claim.

To contemptuously put the vital force among the superstitions of old is not the scientific expression of a philosopher but rather a *ruse* of a beaten antagonist. If chemistry and physics have not arrived yet at the truth of a vital force, it is not to be wondered at, for who can expect from these merely physical sciences the solution of the greatest problem that ever was presented to man, the action of immaterial life upon the forces of matter?

*Ceterum censeo, macrodosiam esse delendam.*

## COFFEE: ITS THERAPEUTICS.

So universally is coffee used nowadays that its relations to our ailments cannot fail to be a necessary study. We give as complete a list of its therapeutics as can be found:

DESIRE for coffee: ANG., Ars., AUR., BRY., Calc. ph., Chin., Colch., Con., Lach., Mosch., Nux mos., Ph. ac., SELEN.

DISLIKE to: Bell., BRY., CALC., Carbo veg., CHAM., Chelid., Chin., Cinnab., Cocc. c., COFF., Dulc., Fluor. ac., Lil. tig., Lyc., Merc., Natr. m., NUX V., Osm., Oxal. ac., PHOS., Rheum, Rhus, *Sabad.*, Spig., Sul. ac.

AILMENTS from: Acet. ac., Arg. n., Ars., Bell., Calc., Calc. ph., Camph., CANTH., Caps., Carbo veg., CAUST., CHAM., COCC., Coloc., HEPAR, IGNAT., IPEC., LYC., Mag. c., Mag. s., Mang., MERC., Millef., Nitr. ac., Nitrum, NUX V., Plat., Phos., PULS., Rhus, Sep., Sabin., SULPH., Sul. ac., Thuja.

— anxiety from coffee: Cham., Ign., Nux v.

— ill-humor: Calc. ph.

— cough aggr.: Caps., Caust., Cham., Cocc., Ign., Nux v.

— diarrhœa, aggr.: Brom., Caust., Cistus, Cycl., Fluor. ac., Ign., Osm., Oxal. ac., Phos., Thuja.



- AILMENTS from: headache, aggr.: Arg. n., Arn., Arum tr., Cham., Cocc., Ign., Millef., Nitrum, Nux v.  
 — stomach (and abdomen) symptoms of, aggr.: Canth., Cham., Ign., Natr. m., Nux v.  
 — smell of coffee, aggr.: Lach. (headache), Sul. ac. (cough).  
 — vomiting from coffee: Camph., Phyto.  
 AMELIORATION from coffee: Ambr., Anac., ARS., Bar., Bell., Bry., Canth., Carbo veg., CHAM., COLOC., Euphor., Glon., Ign., Kali c., Mezer., Phos., Ph. ac., Puls.  
 — black coffee relieves gastric symptoms: *Brom., Coloc.*  
 — coffee amel. diarrhœa: Brom., Phos.  
 — — — headache: Cann. ind., Coloc., Glon., Hyos.

### VOMITING OF MILK.

- IN GENERAL: *Æthusa*, Ant. crud., Arg. n., Arn., Borax, Bry., Calc., Calc. ph., Cham., Cina, Iod., Ipec., Lyc., Merc., Nux v., Rheum, Samb., Sil., Sulph.  
 CURDLED MILK: *Æthusa*, Ant. cr., Calc.  
*ÆTHUSA*: Milk is forcibly ejected soon after it has been taken. The child is weak and *drowsy*. On awaking will nurse or feed again, only to vomit it soon after.  
 ANT. CRUD.: Child throws up some milk as soon as breast has been taken.  
 CHAM.: Milk vomited—is cheesy.  
 CINA: Babe refuses the milk. (Stannum.)  
 CALC. PH.: Babe refuses the breast. Milk tastes salty.  
 MERC.: Rejects milk.  
 RHEUM: Milk is yellow and bitter. Baby rejects the breast.  
 SILICEA: Aversion to milk. Refuses to nurse, and if does so, vomits.

### DR. SKINNER'S F. C. HIGH POTENCIES.

Through the kindness of Dr. Skinner we are in a position to supply the whole of his high potencies—a complete set, carriage paid to New York. Price on application. Alfred Heath & Co., Homœopathic Chemists, 114 Ebury Street, London, England, makers of English fresh plant tinctures. Special low rates to buyers in bulk in the spring.

## PSORINUM: CLINICAL REFLECTIONS.

AD. LIPPE, M. D., PHILADELPHIA.

Isopathy is a method of curing diseases, first advanced by Lux, which he based on the principle *æqualia æqualibus curantur*. In accordance with this principle, all contagious diseases carry with them in the shape of their infectious matter their curative remedy. Lux drew his deductions from the well-established fact that vaccination proved to be a preventive against small-pox. The vaccine *then* in use successfully was taken from cows suffering from a disease peculiar to them, and this animal poison (a cow-nosode), if used for vaccinating mankind, did certainly *then* diminish the susceptibility to small-pox; or, to express ourselves clearly, fewer were attacked by small-pox after the introduction of vaccination by Jenner. The present mode of vaccination with human scabs or with the artificially produced disease in cows, by a vaccination with human virus, is a "parody on vaccination," and is followed only too often by worse diseases than small-pox. We make these passing remarks only to show the utter fallacy of basing a system of cure on a basis so utterly untenable. A system of cure, furthermore, which only claims to cure infectious diseases can never be regarded as a universal system of cure—such as the Healing Art promulgated by Samuel Hahnemann, and by him called Homœopathy, which is applicable in all forms of non-surgical diseases. If we take in consideration the variety of causes which produce disease, and how easily they may be cured in said manner (labor-saving method), and how little the art of individualization, the great accomplishment of a true healer, comes into play, which art should be an absolute necessity if a permanent and speedy cure is to be accomplished; if we reflect that the homœopathicians have so very often remarked that there seldom or *never* exist two persons who suffer from exactly the same symptoms, but that different persons present *unusual* symptoms, dependent on their own individuality—we are forced to the conclusion that Isopathy is an abortion of Homœopathy and an absolute absurdity as a method of cure.

Among the eccentric followers of Lux we find the early friend and co-laborer of Hahnemann, Dr. Gross; Hahnemann mentions his apostacy in the preface to the *Organon*, where he deals with Isopathy in a foot-note. Dr. Gross had listened to the premature and extravagant promises held out by Lux and did advance into Isopathy and became an eccentric defender of

that absurdity. Upon mature reflection he returned to pure and simple Homœopathy, and the bubble burst. Isopathy was for the time abandoned.

The isopathists of the Lux order were not the first men who introduced all sorts of nastiness into the Pharmacopœa. Paulini wrote in 1687 his Pharmacopœa, which comprised excrements of all kinds, urine, placenta, worms, all sorts and parts of animals well powdered (tritured?), the deer horn of the narwhal was to cure all cases of poisoning and every contagion, the effusion of the viper was a specific for all debilities, and sterility was to be cured with the pulverized testicles of a ram.

Hahnemann gave in the *Chronic Diseases* his reasons for not including among the antipsoric remedies the nosode *Psorinum*, and his very valid reason was that *Psorinum* was not sufficiently proved. Not only a proving of a drug was in those days considered necessary before a new remedy could be incorporated into our materia medica, but it was considered absolutely necessary to have the provings verified by the clinical experiment, and therefore *Psorinum* had—to wait for verifications.

If Isopathy was correct, in the propositions made by Lux of old, and also by the reviver of Lux's apostacy, the *Psorinum* would cure all and every case of the "itch." The fact is that as far as we know *Psorinum* has rarely ever cured a case of the "itch" proper, *scabies sicca*. The clinical experiments of this now well-proved remedy show very singular cures when it was administered under the exclusive law of the similars. We find, for instance, a case related in *Rueckert's Homœopathic Therapia*.

*Psorinum* 30, one globule dissolved in 4 oz. of water for three days, one table-spoonful a day, relieved a case of religious melancholy in an epileptic patient.

*Psorinum* 30, two globules in seven doses, one dose given every fortnight, cured almost completely a scrofulous inflammation of the eyelids. The eyelids were covered with thick crusts; at the same time almost the whole body was covered with a bran-like tetter.

*Psorinum* 30, two globules repeated every eight days, cured in a boy inguinal hernia reaching down to the testicles. The hernial sack, in consequence of previous inflammations, contained a large quantity of water—complete cure (*Achiv.* XIV, 2, p. 136).

*Psorinum* appears to be one of the remedies in chronic constipation (*Allg. Hom. Ztg.*, 2, p. 69).

*Psorinum* 30, two globules, two doses eight days apart, cured a case of hydrocele caused by repeated inflammation in consequence of pressure from a truss.

*Psorinum* seems to be effective in certain forms of dry coryza with stoppage of the nose (*Allg. Hom. Ztg.*, II, p. 69).

*Psorinum* 10 cured a dry cough with dyspnœa and a pain in the chest as if it were raw and scratched (*Arch.* XII, 2, p. 90).

*Psorinum* 2 was useful in not far advanced phthisis pulmonalis purulenta (*Allg. Hom. Ztg.* V., p. 107).

- Psorinum in repeated dose prevented the suppuration of tubercles in the lungs. Symptoms: Dull pressure extending from the right side all over the chest; aggravated by bending forward; mostly dry cough with expectoration of small, lumpy masses; very much exhausted by talking; the voice is not hoarse but full; much tired from preaching; chest contracted; shoulders standing forward.
- Psorinum 30, three pellets, a dose once a month, removed chronic rheumatism in the limbs with a dry eruption on the wrists.
- Psorinum 30, repeated three times, removed almost entirely a pain in the knee caused by a fall a year ago.
- Psorinum 30, two doses, cured in a child an offensive smelling crusty eruption extending over the whole face which for three months had completely closed the eyes (Arch. XIV, 3, p. 132).
- Psorinum 30, three doses, a previous tetter on the arm with small, millet-like eruption exuding a yellow fluid. The eruption itches intensely in the heat.
- Psorinum 30, three doses every month, once cured a dry tetter on the wrists with rheumatism in the limbs.
- Psorinum cured in three days a copper-colored eruption on (the top of) the hand.
- Psorinum, two doses, cured in a month a moist scab behind the ears with dry tetter on the back of the head, on both cheeks extending upward to the eyes and downward to the corners of the mouth, reddish, very closely packed, milletseed-like, itching, dry pimples, with frequent loose stools, in a child one and a half years old.
- Psorinum 30, one dose cured in a month the eruption in the face of a child. The whole face was covered by a crust, lips and eyelids were swollen, aversion to light, large, moistening spots on the head and behind the ears (Allg. Hom. Ztg. IV, p. 14).
- Psorinum 30, two doses in a fortnight cured large condylomata located and extending around the edge of the prepuce, moist, itching, and at times burning, at the same time involuntary urinary secretion at night and frequent micturition during the day, small quantities being emitted, with burning in the condylomata and the urethra, ulcerated lips and dry tetter in the bends of the knee (Allg. Hom. Ztg. IV, p. 14).
- Psorinum, two doses, cured a malignant boil. Symptoms: On the hand a cone-shaped scab in the size of a quarter of a dollar, on a base as large again, bluish red and strongly demarcated, where the scab extends over the ring there is another white moist ring which forms a new scab. The whole causes much tension and burning (Allg. Hom. Ztg. III, p. 117).
- Psorinum is recommended by Gutt. Archiv. 14, 2, 137, as a possible successful remedy in hydrocele; he recommends it referring to a cure of a case of hernia with accumulation of water in the hernial sack. Later cases of hydrocele cured with Psorinum have been reported.
- Psorinum has often cured the consequences of itch suppressed by the use of sulphur ointment.
- Psorinum has some very prominent guiding symptoms, as, for instance, dyspnoea, worse when sitting up and relieved by lying down; congestion to the head after dinner; great despondency predominates.

This collection of clinical reports, made in former years, shows that while Psorinum is by no means a specific for the "itch," the results of careful provings have enabled the healer to make good use of it in a great variety of ailments. It is obvious that the assertions of the isopathists are a fallacy; it is obvious that in former years the 30th potency did cure the sick when the remedy



was homœopathic to the case; it is obvious that its homœopathy depended on the *similarity* of the symptoms of the patient with those observed on the provers; it is also obvious that the symptoms of the itch miasm do not constitute a proving, as has been claimed by some, who also claim that Syphilinum and other nosodes have been sufficiently proved in the sufferings of those infected, that no other provings were necessary, *but* instead of an old-fashioned proving they must be "highly potentized" and thereby become reliable, truly homœopathic remedies. Where is "the logic" of these eccentric men? Jenner's small-pox preventive is the corner-stone on which is built the new labor-saving healing art. A poor foundation at best for anything; but if, for mere argument's sake, we admit the correctness of Jenner's theory, what relation can morbid products of sick men have to the morbid product of a lower animal? Again, for argument's sake, suppose he is exempt, what comfort can thereby come to the advocates of modern Luxism with a variation. Jenner's remedy is the morbid product of a cow disease transferred on man to protect him against small-pox. The modern advocates of Luxism with a variation claim that the morbid product of a disease taken from one human being *if highly potentized* (that is, the variation) will cure the same disease in others; and that is boldly claimed to be "Homœopathy." Since when does Homœopathy treat diseases—we mean forms of diseases?

Hahnemann tells us in paragraph 153, of his *Organon*: "The search for a homœopathic specific remedy consists in the *comparison* of the totality of the symptoms of the natural disease with the lists of symptoms of our tested drugs, among which a morbid potency is to be found corresponding in similitude with the disease to be cured. In making this comparison, the more *prominent, uncommon, and peculiar* (characteristic) features of the case are especially, and almost exclusively, considered and noted; for these in particular should bear the closest similitude to the symptoms of the desired medicine, if that is to accomplish the cure."

What we want are "provings"—*genuine provings*, not symptoms accidentally cured by the hap-hazard administration of an unproved *but* highly potentized remedy to be set down as symptoms absolutely obtained by proving the drug on the healthy, that is laborious, and this is exactly where the shoe pinches. We hope we have shown the absurdity of Luxism with and without modern (ingenious?) variations, and we have chosen to give clinical reflections on Psorinum, one of the well-proved nosodes, to

show the proper and only practicable method to "advance." Sober and logical reflections will convince every sensible man in what manner we may advance and develop the healing art.

### A CASE OF MISTAKEN SEX.

WM. P. MCGUIRE, M. D., WINCHESTER, VIRGINIA.

A. B., thirty-five years of age and in good circumstances in life, consulted me on January 12th, 1884, in order to have the sex to which she belonged determined. She was to all outside appearances a fairly formed woman about five feet four inches in height, with long hair curling down her back. Her voice and features were effeminate, and her demeanor was modest. From birth her dress had been that of a woman. All of her associations had been with women, and her business in life that usually followed by that sex. There was no hair upon her face.

I found upon examination that the conformation of her thorax was similar to that of a woman, and that her breasts were developed similarly to those of a young girl. The nipple was erectile. Her arms, hands, and lower limbs were like those of a man. There was a small penis in the natural position about three-quarters of an inch in length, with a well-formed glans and prepuce. It was capable of erection, but had in the glans no aperture. Following from the base of the penis backward was a sulcus about one-half an inch in depth and two and a half inches in length. Lying upon each side of this sulcus, and each inclosed in separate scrotums, were two well-formed and developed testicles, each attached to a moderate sized spermatic cord, the whole conformation resembling the vulva of the female. There was no opening in this sulcus, but just at its posterior termination was an opening one-quarter of an inch in diameter, which was the external opening of the urethra, extending backward and upward into the bladder. No prostate gland was found. She stated that all of her proclivities and desires had been masculine, and admitted that occasionally in her sleep she had pleasurable sensations followed by an ejaculation of a white fluid from the opening of the urethra, which was, of course, an ejaculation of semen. There was no trouble in determining her sex. She was advised to change her dress to that of a man, and to attempt to have by a plastic operation a new urethra made from its termination in the perineum, along the sulcus to the glans penis, in order to effect more convenient urination, as she is now obliged to do so in the sitting posture.

—*Medical News.*

## • A POINT IN PROGNOSIS.

There is a phenomenon presenting itself in some diseases of children which seems to me to be of more importance in connection with prognosis than generally known.

In exhaustive diseases, such as diarrhœa, typhoid fever, and others, after having for days persistently refused nourishment, the child suddenly swallows with avidity whatever is offered, food or medicine indiscriminately. Even Quinine will be taken as readily as sugar. Such an occurrence is generally hailed with delight by the interested bystanders, but in reality it is a very untoward symptom. In my experience it frequently warrants an unfavorable prognosis.

An explanation of this sudden change may perhaps be found in the cessation of cerebral function through the want of nutrition or of stimulation.

Combined with this behavior is often found the Cheyne-Stokes breathing, and this coincidence goes far to support the above explanation, as this respiratory disorder has been traced also to the want of stimulation of the respiratory centres.—*B. E. Hadra, M. D., Am. Jour. of Obstetrics, etc.*

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## PROVING OF "LAGER BEER," WITH CASES ILLUSTRATIVE OF ITS ACTION.

A distinguished physician in a neighboring city requested me to send him a high potency of "Lager," if I thought that with it he could cure a lady of an undue fondness for that beverage.

I sent him the mm. potency (Swan's notation), requesting him to watch carefully for any symptoms he could attribute to the action of the drug.

He gave the patient one dose June 27th, 1883. He writes me as follows: "Her symptoms after taking the drug were like a raging furnace flame in the entire urinary apparatus, with a fierce burning desire to urinate constantly, but it passed from her only in drops. These symptoms, evidently the effect of Lager, induced me (him) to think of it in the following case.

"October 27th.—Mr. —, aged over sixty-five, complained of a burning, fiery heat in the renal region, which passed upward to the neck, head, and mouth, causing a burning, parched tongue, compelling him to keep his mouth closed, and thus breathe only through his nostrils. This heat produced a sense of constriction



around his neck, and made him feel as if he could not breathe, and as if everything about his neck and chest was too tight.

"The burning, fiery flame also passed down from kidneys, through both ureters to bladder and urethra.

"He was compelled to urinate from three to six times every night, and very often during the day. The stream was hot, small, direct, and no signs of any urethral stricture, but the suffering during the passage of the water *was awful*, and at the close of each micturation, day or night, the urine dribbled annoyingly.

"Great lameness or soreness in his back in the renal region; the suffering was aggravated when he arose to walk, or a few minutes after being seated.

"Now all this had been coming on gradually for about fifteen years, but the madness of the flame came within the past few weeks, and he had thus far failed to obtain any relief from treatment.

"I asked him to sit down, to rise up, and to walk up and down the hall. Each motion horribly aggravated the suffering. I then gave him on his tongue about fifty pellets No. 6 of Lager mm. and waited about ten minutes for results, and then directed him to again try to rise and walk; to his astonishment he found he could do it with less suffering than before. I then detained him thirty minutes longer, and when he left he remarked that his back did not trouble him near as much as it did when he came.

"October 31st.—Patient again appears with a more cheerful countenance, and very thankful he was better. He now only rose once in the night, urinated with very little burning, and *no dribbling*; during the day he urinated two or three times in eight hours; the dribbling was slight and hardly noticed. There was no suffering in the back, except a little soreness and tenderness at times; still had some 'flames' rising up the back to the neck, but slight, and he cannot detect any of his former cruel sufferings.

"November 8th.—Patient called this morning to show me how well he is. He voted on Tuesday, and was full of joy; no symptoms.

"The lady patient to whom Lager was first given reports that she is entirely well, and her friends say 'She now does not drink lager at all.'

"I have given it in the case of intense heat in the hypogastric region, extending like a flame up the left side to the region of the heart with frequent urinations in small quantities; water very high colored, staining the vessel with a reddish deposit. Patient reports 'very much better in every respect, but not quite well.'

SAMUEL SWAN.

"N. B. I have since learned that the male patient, never used



alcoholic drinks, nor lager more than three times in his life, and many years since left off tobacco.

"N. B. 2. Provers should know that the best results *cannot* be obtained by taking the remedy by the 'schooner.'

"With the 1m. potency they will get the characteristics."

## A SHARP CRITICISM OF "HOMŒOPATHS" AND THE INVESTIGATOR.

### THE VIEW OF AN ALLOPATH EXPERIMENTING WITH HOMŒOPATHY.

A New England allopath who is trying Homœopathy writes as follows to a friend in Philadelphia. His criticism is severe, but who can deny its justice?

"In October, I lost a patient with pneumonia. I treated him homœopathically at first. He had complete hepatization of the right lung. On the fourth day I sent for a homœopathic doctor as counsel. What did *he* advise? Drop doses of Tinct. Verat. Viride once in four hours!—when, according to *Lilienthal's Therapeutics*, there was not one symptom indicating Verat. Viride! \* \* \*

"I tell you I have lots of things to be disgusted with. The homœopathic physicians about here are *quacks*. They do not believe in Homœopathy. Take this example: I was called as counsel by Dr. H., of B., in a case of intestinal obstruction. His treatment had been Pil. Cath. Comp., Rhubarb, and Podophyllin in substantial doses. I suggested Bry. or Coloc. These relieved the pain; but on the next day I made a rectal examination and discovered a foreign growth, probably carcinomatous, high up in rectum. The patient died.

"Another thing I am disgusted with is the *Medical Investigator*. What trash! During the year I have read it faithfully, and have seen not more than a dozen articles of value to a student of Homœopathy. At least half of its contributors lack a decent common-school education, as evidenced by their spelling and grammar.

"Take its 'cases for consultation.' Out of a half a dozen replies hardly two will suggest the same drug. Does that look like sharp-shooting? In a medical journal I want the essence of the progressive thought of the leading medical men; in the *Investigator*, I find only the crudest essays of men who are plainly uneducated and incapable of close reasoning. Of course, there

are exceptions; I recall a paper on 'Brachial Neuralgia,' and another on 'Sanguinaria Headache,' which were really gems of the first water. Both were, however, extracted from other journals! \* \* \*

"I certainly am not ready to join a homœopathic society comprised of such men as I meet here." B.

## HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

At the thirty-third annual meeting of the Homœopathic Medical Society of the State of New York, February 12th and 13th last, the following officers were elected:

*President*—Edward S. Coburn, M. D., 91 Fourth Street, Troy.

*Vice-Presidents*—Henry C. Houghton, M. D., 12 West Thirty-ninth Street, New York; H. M. Dayfoot, M. D., Rochester; A. P. Hollett, M. D., Havana.

*Secretary*—John L. Moffatt, M. D., 17 Schermerhorn Street, Brooklyn.

*Treasurer*—H. L. Waldo, M. D., West Troy.

*CENSORS: Northern District*—Drs. A. W. Holden, Glens Falls; W. T. Laird, Watertown, and D. E. Southwick, Ogdensburg.

*Southern District*—S. P. Burdick and F. E. Doughty, New York, and H. Minton, Brooklyn.

*Middle District*—N. B. Covert, Geneva; M. O. Terry, Utica, and W. E. Milbank, Albany.

*Western District*—F. Park Lewis, Buffalo; Asa S. Couch, Fredonia, and T. D. Spencer.

The next semi-annual meeting will be held at Binghamton, September 9th and 10th, 1884, and the annual meeting at Albany on the second Tuesday and Wednesday of February, 1885. A cordial invitation is extended to all friends of Homœopathy.

J. L. M.

## THE AMERICAN INSTITUTE AT DEER PARK.

We have received a very polite invitation from the B. & O. R. R. Co. to accept the courtesy of their road should we attend the coming meeting of the Institute at Deer Park. We are grateful, but must decline. The annual meetings of the "junketing association" are not in our line.

The B. & O. Co. have a fine railroad and an elegant hotel at Deer Park; now this much being supplied by the B. & O. Co., could they not finish the job by furnishing a large supply of good Homœopathy? *then* the meeting would be worth attending.

## EXPERIMENTING WITH THE HIGH POTENCIES, WITH TWO CASES FOR CONSULTATION.

*E. J. Lee, M. D.*

DEAR SIR:—Some months ago I resolved to investigate the high potency theory. Was told that you were a disciple thereof and published a medical journal advocating its principles and practice. I was then taking two allopathic journals, two homœopathic, and one eclectic, and am yet. You kindly sent me a few numbers of your journal for examination; but finding everything so radically different from all others I had read, I passed them over to others whom I thought would better appreciate your doctrine of “infinitesimal nothingness,” as I have been wont to call it. Through the constant advice of my friend, Dr. C——, of H——, N. H. (who, as he says, was converted to the high potency theory *accidentally*, as I have been), I bought some Ars.<sup>30</sup> and Bry.<sup>30</sup> and thought I would test its efficacy the first opportunity. The very next day after receiving them I found a patient very much emaciated, who complained of feeling tired, weak, and desired to lie down on the bed or sofa continually. She complained also of constant thirst, but only wanted a “*swallow of water at a time, but often.*” “Now Arsenic<sup>30</sup>,” said I to myself; “I will try it, any way, but I will leave the same remedy in third in another glass, with directions to use goblet No. 2 if goblet No. 1 does not benefit her.” In goblet No. 1 I put in ten drops of Ars.<sup>30</sup> and filled it half full of water, with instructions to take a teaspoonful twice daily; but I also directed that in case no perceptible effect was seen in twelve hours, to drop No. 1 and use from No. 2 goblet.

The next morning I called to see the result, and, on entering the house, the daughter saluted me with—

“Why, Doctor, what have you been giving my mother? I gave her a teaspoonful of No. 1 and within an hour she got off from the bed and walked all over the room, went to the cupboard, and got out her knitting-work. Her eyes snapped and she talked a blue streak, and I did not dare to give her any more of No. 1.”

I assured her that it could not possibly be the effect of the medicine, and proceeded to inform her and the family how very thin (?) the remedy was that I had given her and how it had been prepared. She insisted that she knew it *was the effect of the medicine* and that she should not dare to give her mother any

more of it. I finally induced her to "try again," and I would watch its effect and see if it could possibly be the medicine.

At two o'clock I gave her another teaspoonful and within an hour she repeated her "antics" of the day before, much to my surprise and gratification. Three-fourths of the remaining contents of the goblet was now poured out and again filled with water, and even then a teaspoonful had more than the desired effect.

I am now about in the same position as a young sister on the "anxious seat" in a Free Methodist Church, and "*almost persuaded*" to declare myself a convert to the high potency theory. If I am still in darkness I pray for "*more light*," and, once obtaining it, I will as freely give as I receive it, and I will fight as zealously to disseminate its truth and light as I have in the past opposed it. I have a few cases on hand which would afford good tests for the efficacy of high potencies.

CASE I.—A lady, aged thirty, dark hair and eyes, medium physique—a bright brunette—flushed cheeks, and in appearance the picture of health. She informs me she had inflammation of lungs at thirteen, followed by bloating for years, and which still exists. Menstruation at fourteen. Coxalgia, with soreness of spine above. Palpitation at times early in the morning. Prolapsus uteri at fifteen. Retention of urine, with frequent and ineffectual desire and with scalding and smarting. Pain in back opposite left ovary, attended by trouble in the stomach, with a gnawing soreness and full feeling, with nausea sometimes. Spinal irritation and a violent, irritable temper; at times melancholy, but naturally is cheerful and happy. Pain in back of head, affecting eyes. Using eyes when they are feeling badly affects the spine. Eyes at times feel as though they were full of sticks, and, when steadily and persistently looking at an object, feel as though they were being pressed out of the head. Light affects them unfavorably. The present symptoms now principally are: *Pain in left ovarian region and back opposite*, with spinal irritation. *The head is easily confused*. Using eyes much causes severe headache.

CASE II.—A man about sixty years of age with hypertrophy of heart; has charge of a gang of hands in a gas-fitting shop, losing no time. His nature is very sociable, but excitable and easily frightened. Severe constipation exists, and, most prominently, the following symptoms: Sleeplessness in the after part of the night, and while sleeping there is profuse *cold* sweat, alternating with "goose flesh" (as the wife called it) so rough as to almost scratch his wife's hand. His wife will awaken him



and ask him if he is cold. He replies: "No, I am warm and comfortable." The last-named symptoms are *sure* to follow a social glass with one of his employees whom he finds in the evening, though he does not indulge very often, even with a friend. He recently applied to a "regular" (allopath) for a remedy for the relief of his constipation and was ordered to take four cathartic pills daily, and at the same time admonished to be very careful of himself or he would fall a victim to epilepsy. This has so worried him that he is very despondent and frequently assures his wife that he shall soon have epilepsy and die; is very melancholy and at times excited and weeping.

If some of the kind readers of your journal will send me remedies to apply in the above cases and will also do me the especial favor to mail me a few *reliable very high potencies* of remedies most in use in practice, I will preserve and use the same for the benefit of suffering humanity, and in return will not only give them my unfeigned gratitude, but will withal remit the amount of their bill for same and in turn will render a like favor to any or all who may apply to me for a like favor.

Fraternally, etc.,

R. O. Wood, M. D.

*North Weare, N. H.*

P. S.—Where can I obtain a copy of Hahnemann's *Chronic Diseases*?

## MEDICAL SCIENCE.

### I.

Of science now I fain would sing  
And to her feet my tribute bring;  
This is my muse—no idle theme,  
No careless thought or fleeting dream:  
Of queenly worth and merit true  
The theme to which I ask your view,  
While every student at her shrine  
Shall find her laws almost divine;  
Wilt thou, my muse, in song attend,  
And now with her in beauty blend?

### II.

The fall of man brought pain and death,  
Their power latent in every breath;  
Growth and decay, by nature's law,  
Shape our being at every flaw;  
The one to crush and back to earth  
To carry our form, where we had birth;  
The other to upbuild our frame,  
And hold through life a form the same.

These are the laws by God designed,  
Now acting through all life we find—  
Here science shall unbroken reign  
Till men the laws of life attain.

## III.

In looking back o'er the ages dark  
We find thy\* light, a gleaming spark,  
Adown the course of time to glow,  
Till all our race thy blessings know.  
Egyptian shade surrounds thy rise,  
While modern age thy honors prize;  
Disease and pain and injured part  
Still tax thy skill or test thy art;  
Thou child of nature and of time,  
The gift of healing—*all* is thine,  
No greater art can mortals know  
Or greater boon than thine bestow.

## IV.

He who first in thy pathway trod  
Was known a man, was made—a God;  
The homage of the Grecian mind,  
That vainly sought thy source to find,  
Made *Esculapius*, famed in song,  
The source of health they worshiped long.  
With God and nature both unknown,  
They saw all power in man alone,  
And, bowing low before their shrine,  
*They* first made science *all* divine.

## V.

But now how fallen from such high place  
Are all thy sons in angry race!  
Fair science hid in form unknown,  
Where men pursue plans of their own;  
'Tis sad to tell, and still too true,  
Those who led thy advance were few;  
He who improved the healing art  
From his fellows was doomed to part.  
The prestige of some noble name  
Gave plans of treatment world-wide fame,  
And he who would such plans displace  
Was rudely driven from his place.

## VI.

Physicians met in grave debate,  
While death sealed their patients' fate,  
Devising *codes* their hours employ;  
Disease spreads on, life to destroy;  
*Our Goddess* then dire discord saw,  
Where men would narrow heaven's law,  
And make the healing of our race  
Subserve the strife for power's place.

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\* *Science.*

## VII.

But looking on, her face grew bright,  
Some she saw were schooled aright,  
No narrow code could bind their view  
Or make their minds as narrow too;  
Wide as the wants of all our race  
They saw their mission's godlike place,  
Nor can the laws which men enact  
From their powers of cure detract.

## VIII.

Now sullen sons, who oft deride  
All plans of good they have not tried,  
In council deep, with angry frown,  
Would every new advance put down—  
Give to science her deepest grief  
But fail to give their sick relief.

## IX.

Then should some son, less wed to form,  
New plans pursue, and such alarm,  
He is at once a quack decreed,  
And from him their robes are freed;  
We search thy fields of learning through  
And narrow minds oft come to view,  
Some there are who but fault can see  
'Mid all the good that e'er may be,  
So in this realm of healing art  
They fain would rend thy laws apart.

## X.

When from the ages of doubt and care  
Had science's form become more fair,  
Her elements based on nature's worth,  
Then *Hahnemann's* law was given birth;  
Uniting first in science's form  
The ills of life and poisons' harm,  
A test he gave by which to know  
How far in cure our powers go.

## XI.

When nature in creative plan  
Bade poison waste the life of man,  
Our law of cure was given form,  
To wait his time, its course to learn;  
There nature made each poison's power  
A guide unerring in suff'ring's hour;  
The lines upon the stricken face  
But point its use and mark its place.  
Long ages dark o'er the world had sped,  
While men taught views their own instead,  
Reserved for *thee*\* the wond'rous view,  
To see this law of *similars* true;

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\* *Hahnemann.*

It came, a beam of morning's light,  
Across the fields of learning's night,  
And as its ray falls o'er the field  
The dream of the ages dark shall yield.

## XII.

Now the reg'lars meet in long debate,  
And gravely all their cures relate,  
But heed you this, in candor true  
Each treats his case from his own view,  
While we who seek some common truth  
Have found each "plan" devoid of proof;  
The many "cures" of which we're told  
Again prove true that law of old,  
That nature would, if left alone,  
Give many a cure which they now own,  
While most the good they truly claim  
But proves *similia* true again.

## XIII.

Yes! men in vain their hours employ  
Who would this law of cure destroy,  
The blows they give must all rebound,  
Their efforts topple to the ground;  
Forget they must, that while they talk,  
Our growing cause their doctrines balk,  
That we, in nature's truth secure,  
With nature must through time endure.

## XIV.

Illusive plans and theories bold  
Must go, as have mere *plans* of old;  
No polished school, however strong,  
Yet has proven *similia* wrong;  
Their words to naught must come when tried  
A poison's proving side by side;  
Denials fall, devoid of harm,  
Where nature's laws our cause affirm.

## XV.

Unequal has the contest been;  
'Tis nature opposed by plans of men—  
The one, a *law* to grow in time,  
Where better known the more sublime;  
The other, changing views of men,  
To be displaced till taught again.

## XVI.

To those who read with bated breath,  
And see in our growth science's death,  
We would a word of comfort bring,  
Nor yet the knell of science ring.

## XVII.

All laws of science based on fact  
Must through all time remain intact,



No idle whim or illusive plan,  
 Having its rise in mind of man,  
 Can stir from their inherent worth  
 The laws which have in nature birth.

## XVIII.

We have but given her laws a test ;  
 We ever *prove*, then use the best ;  
 While men may glean in other fields,  
 Ours all its good in healing yields,  
 A century now almost has fled,  
 Its founder's sleeping with the dead,  
 Still, this great truth he taught, his race  
 Is growing on in science's place.  
 Co-teachers of his time and date  
 Taught views which seemed of greater weight,  
 But, as successive years have flown,  
 Theirs, with others, have grown and gone ;  
 They had no therapeutic worth,  
 And left for science—medley's dearth.

## XIX.

Why at the portals longer wait  
 When science opens wide her gate,  
 And bids us come, not, as before,  
 A struggling band, help to implore ?  
 In honor now, despite the wrath  
 Of bigots who bar fair learning's path,  
 This mission of cure in all its range  
 Shall less and less true men estrange.

## XX.

As we advance the healing art  
 The true and false must grow apart,  
 No common ground on which to meet—  
 One or the other must yet retreat ;  
 Light and shadows can never blend,  
 Nor true and false to science tend ;  
 'Tis nature bounds the wide domain  
 Where science e'er shall hold her reign ;  
 In vain will men that bound define,  
 With narrow views of their own time.

## XXI.

Our art but grows from nature's laws,  
 We learn the fact, then trace its cause ;  
 Long had the heart the pulses made,  
 Long at the pulse men had *stayed*,  
 Till Harvey's mind, with vision keen,  
 Traced from this fact its cause unseen.  
 So Hahnemann's law\* of nature's cure  
 Existed ere his natal hour ;  
 He but traced the subtle truth  
 Back to nature, there found its proof ;  
 So we who would this truth proclaim  
 Will ever find its law the same.

EDWARD B. ATKINS.

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\* *Similia similibus curantur.*

## OBSERVATIONS ON HOMŒOPATHY.

There are three propositions which appertain exclusively to Homœopathy, and which constitute its essence :

1. To try the medicaments on healthy persons before administering them to the diseased.

2. To choose every medicament according to the analogy of its symptoms.

3. To administer but single medicaments, and in suitable doses.

The first of these propositions is so true and so evident, that we do not conceive how medicine could have existed so many centuries before Hahnemann without its having been proclaimed and put in practice by physicians.

He who opposes its progress does it without a better conviction, acting merely from a spirit of opposition ; he does not know what he says, because he *defends nonsense*. This principle will last forever ; the whole world cannot destroy it.

The second proposition is not less true, although less evident at first sight ; it has been violently attacked by thousands of physicians, but there is no question here of the partisans of the ancient medical system, who, for want of experience, cannot possibly pass an impartial judgment ; but physicians even, who have actually adopted this principle, have asked what we understand by analogy. Hahnemann understands by analogy the morbid symptoms carefully compared with those of the medicament to be chosen, keeping account of the characteristic and important symptoms. The medicament which reproduces exactly the accidents of a given disease answers the best, according to him, for the affection, and promises to become a true specific. We have, according to our treatment, two problems to resolve.

1. To ascertain the nature of each morbid affection, and to choose a remedy whose effects on the healthy body resemble the diseases to be cured.

Hahnemann *seems* only to reject that knowledge which we have a right to expect from every well-informed physician ; but when we consider the great care he has taken in the examination of a disease, that he did not neglect the slightest circumstance, that he distinguished with an extraordinary talent the essential symptoms from those which are unessential ; when we reflect, besides, that he has characterized in a masterly manner in the notes to the first two volumes of his *Materia Medica* the tendency of the action of the medicaments, we cannot doubt that he has made use of that physiological and pathological knowledge which he possessed in so eminent a degree.

How could he have discovered, without this knowledge, that *Conium maculatum* is a specific in the hypochondriasis peculiar to men of stern habits, and that *Solanum nigrum* is the very remedy for egotism? We need not mention many other cases, which prove in a most incontestable manner his talent in this respect. Those who flatter themselves that they follow him, but have not the requisite knowledge, are very much mistaken.

The instructive notes with which Hahnemann has enriched his first two volumes of the *Materia Medica* become more scarce in the subsequent ones. I am convinced it would have been better had he not discontinued them. The experiments since published by his disciples are poor in such annotations; the consequence is, that those of less experience do not know how to use them. Every one has not the faculty of making Hahnemann-like experiments with medicaments; very few can be compared with him in this respect.

Many homœopathists have declared that it is sufficient to know the *general* effect of each medicament upon the healthy body, the principal tendency of its action, without considering the slighter shades peculiar to the action of a medicine. In the practice, they limit themselves to catch the *ensemble* of each disease, without descending to the special symptoms, and they administer the remedy which seems to be analogous. In this manner they prescribe for an atony of the stomach, with perverse secretions, *Acidum sulphuricum*; for a sur-excitation of the nerves of the stomach, with atony of its muscular fibres, *Nux vomica*; for cramps of the stomach, with a disposition to constipation and a predominant lymphatic system, *Conium maculatum*; for constipation, accompanied and kept up by general weakness, with a less active circulation, *Ferrum metallicum*: what the medicaments want in quality is replaced by quantity. In this manner we fall back to the generalization of the old school, and this extreme direction is as fatal to the progress of art as the opposite method, which consists in covering mechanically the symptoms, without appreciation of their physiological dependence.

We shall reach our aim much safer by keeping the middle point (*juste milieu*); most homœopaths follow that course, and become thus more perfect in their diagnosis and in their knowledge of the *materia medica*.

The third proposition of Hahnemann, to administer but single medicaments, and in suitable doses, is as evident as the first. What reasonable opposition can the old school make to the new on this point? Can they defend their mixture of drugs—an

absurdity which most of them despise in their hearts? They will renounce it when they understand their medicaments better. Their whole materia medica is but the fabrication of ignorance, and the iron hand by which they intend to oppose all movement of liberty in therapeutics will in time prove beneficial to the only right mode of making experiments with medicaments.

It is true that the administering two medicaments at the same time has been recommended, but every judicious mind considers this an absurdity. We might as well mix three or four remedies; this would be a backward step, and open the door to the gross empiricism of the old school.—*Gross.*

### ECZEMA CAPITIS.

Eczema capitis frequently confines itself to the space behind the auricle; in young babies it is often seen in this location. Sometimes it appears in each child of a family as they reach a certain age. Eczema is most frequently a result of some form of mal-assimilation, hence *local* treatment is *pathologically* wrong and clinically useless.

As to the homœopathic remedies which seem to act more especially on this portion of the skin—behind the auricle—Jahr gives us:

BLOTCHES behind the ears: Bry., *Calc.*, Carbo an., Caust., Staph.

DAMPNESS behind the ears: Amm. carb., *Calc.*, Carbo veg., Caust., *Graph.*, Kali carb., *Lyc.*, Nitr. acid, *Oleand.*, *Petr.*, Phosp., Silicea.

ERUPTIONS behind the ears: Ant. crud., *Baryta*, *Calc.*, Canth., Chin., *Cicuta*, *Graph.*, Hepar, Mezer., *Oleand.*, *Puls.*, Sabad., Selen., Sil., *Staph.*

HERPES behind the ears: Amm. m., *Graph.*, *Oleand.*, *Sepia*.

ITCHING behind the ears: Agar., Alum., Carbo veg., *Graph.*, Mosch., Natr. m., Nitr. acid, Therid.

Under *itching*, Allen adds: Aur., *Calc.*, Fago, Hura, Rhus v., Sulph. Tilia, Verat.

Itching, evening in bed: Sulph.; night in bed: Merc. iod. fl.; worse at night: Aur. mur.; worse by scratching: Mag. carb. (r.), Mag. mur. (l.), Ruta (l.); acute: Mezer.; extending to nape of neck: Rhod. (l.); persistent: *Lyc.*

— as from tetter: Hura.

SCURFS behind the ears: *Graph.*, Hepar, *Lyc.*, *Puls.*, *Staph.*

SORENESS behind the ears: Anac., *Cicuta*, *Graph.*, Kali carb., *Lach.*, *Lyc.*, Merc., Mur. acid, Nitr. acid, *Petr.*, Psorin.



SWELLING behind the ears: Bry., Calc., Caps., Carbo an., Tabac.

Under head of eruption behind ear, Allen's *Index* gives:

ERUPTION: Guare, Jug. (r.); burning itching, agg. at night, Viola tr.; itching, Mag. sul. (r.); itching after scratching, Mag. m.; resembling itch in children, Arund.; moist, Calc.; itching, scurfy, Staph.; sore, Psor. (r.); red, irregular spots, Cocc.

The above gives a *resume* of the local therapeutics; the wise prescriber will by no means confine his attention to the *local symptoms*. Attention to dietetics is a necessary part of the treatment of these cases, especially so with infants.

In cases where the eruption heals readily but breaks open, or is scratched open frequently, the remedy will probably be found in either Graphites or Mezereum. Of Graphites, Guernsey says: "The eruption exudes a transparent, glutinous fluid, *which* causes the crust to fall off, when more form to fall off again in turn; meanwhile the eruption extends over a still larger surface." Of Mezereum, we read: Child continually *scratches* the face, which is covered with blood; itching worse at night; it *tears* off the scabs, leaving spots on which fat pustules form.

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## CLINICAL BUREAU.

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### CLINICAL CASES.

J. D. TURRILL, M. D., PORT CLINTON, OHIO.

In April, 1883, Mrs. G. R. H., æt. about fifty years, called at office to have right index finger amputated. Not practicing surgery, I declined to officiate, but gleaned the following history: One year ago she ran a fine splinter of glass in the apex of index finger and did not succeed in removing all the glass, as it became finely comminuted. Gave no trouble till early last summer, when the end of the finger became painful and very sensitive; this pain extended up the right arm to axilla, and thence radiated to right side of thorax; there were some lymphatic swellings and loss of power in the right extremity, threatening paralysis; she was unable to perform her household duties without pain, which was wearing her out. On consulting a pseudo-homœopathist she was told that her finger must be amputated, and to her friends he said he expected to have to remove her entire arm. The lady shrank from this ultimatum, and bore the pain till it was no longer endurable, when she summoned her fortitude and came to town, a distance of twelve

miles, to undergo the operation, only to find the doctor absent; she then came to me, and after eliciting these facts I told her I felt sure she need not lose either her arm or finger if she were willing to try Homœopathy. She decided to give medicine a fair show; she was worn out in body and mind; face pale, cachectic; scrofulous diathesis; restless, fidgety; right arm and wrist weak; felt as if she could not lift or do anything; nails yellow and brittle; insomnia from pain; feels unrefreshed in morning. The balance of symptoms I cannot bring to mind, having inadvertently burned record with some waste paper. My choice of remedy was finally fixed by reading "small foreign bodies under skin; promotes expulsion," in *Hering's Condensed Materia Medica*, chapter 45, last line, under Silicea. R<sub>x</sub> Silicea 6<sup>m</sup> three powders one daily then placebos till May 2d.; when I found suppuration going on, end of finger being very callous. I applied some emollient to soften tissues; in a few more days some fine particles of glass came out; and during that month, and through June glass continued to be discharged; she had at intervals a feeling as if some small object were working its way down the arm; this would be followed in a few days by discharge of pus and glass; till about August she said she could trace one piece coming down; this came away, and since then general health has improved and she has resumed her domestic duties, which are arduous, and has no more pain or trouble in side, arm, or finger.

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### LAC CANINUM.

E. W. BERRIDGE, M. D., LONDON.

IN THE HOMŒOPATHIC PHYSICIAN, vol. III, page 218, I published a cure by Lac caninum. This was dated December 28th, 1882. On April 23d, 1883, the same patient wrote as follows: "You have been so thoroughly successful in curing the nervous symptoms I complained of in my last letter, that I venture to ask if you will now kindly try to find a remedy for the sick headaches I am constantly troubled with. I have been suffering from them almost without intermission for the last three weeks. They begin at the nape, and gradually the pain settles in the right or left side of forehead. I have frequent attacks of severe vomiting; and when this is not the case, I have always a feeling of nausea and a fear to eat. On the 19th of this month, after vomiting all day, I had a rather severe faint in the evening, and have felt weak and out of sorts ever since. I have several boils on my left side; also two very angry gatherings, one under the

nose, left side, and one up the left nostril; both came to a head, and discharged matter and blood, and afterward scabbed over; before the discharge there was shooting pain there; have also been troubled for the last month with paroxysmal gnawing pain in left upper canine tooth, which yields for a time to any cold application, but declines to take its final departure."

I was not surprised at the return of the sick headache, as she had had them at times for many years. I sent her six doses of *Lac caninum*<sup>cm</sup> (Fincke), one to be taken morning and evening. She received them on morning of April 24th.

On May 25th, 1883, she wrote: "When I tell you that for some weeks I have had a young lady in the house dangerously ill with congestion of the lungs and liver, and needing my constant attention, I am sure you will forgive my seeming neglect in not answering your last letter. The medicine had a wonderful effect; I have only had one sick headache since taking it, and that was brought on, I am sure, by over-work and worry. The first few doses affected the eyes and made me feel as if the eyeballs were too large and I must move them about. The breathing was also difficult; I could not get a full breath."

On August 9th, 1883, she wrote: "I have not had one of my bad headaches since taking your last remedy. Once or twice when I have had food not quite suitable to the stomach, my head has ached slightly, but the pain has never lasted or become bad as formerly. All the other symptoms disappeared, so we may presume the medicine was correct and suitable in every way."

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## BOOK NOTICES.

A TREATISE ON INTRA-CRANIAL DISEASES; INFLAMMATORY, ORGANIC, AND SYMPTOMATIC. Pp. 312. By Charles Porter Hart, M. D. Philadelphia: Hahnemann Publishing House, 1884.

Dr. Hart recently gave us a work on the diseases of the *nervous system*. This he now supplements by one on *Intra-cranial Diseases*. Both are good works, and useful additions to any one's library.

In the present work, we have, first (as was necessary to a proper understanding of the subsequent chapters on diseases), chapters on the *cerebral functions*, so far as known; next come brief, clear descriptions of the *cerebral diseases*—anæmia, hyperæmia, thrombosis, embolism, softening, sclerosis, tumors of, etc. These cerebral and nervous diseases are those whose pathology is especially scant and uncertain; they generally offer a field for the wildest empiricism.

We are glad therefore to observe how closely our author adheres to the rigid (and hence successful) homœopathic method of prescribing. Even in *insomnia*, where the temptation to use chloral, etc., is so pressing, we have given us the truth—to the exclusion of empirical nonsense.

# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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## REVIEW OF THE REPORT OF THE CHAIRMAN OF THE BUREAU OF MATERIA MEDICA OF THE AMERICAN INSTITUTE, 1883.

"Leave your damnable faces and begin."—*Hamlet*.

In the March number of volume IV of THE HOMŒOPATHIC PHYSICIAN, we endeavored to forecast the work of this Bureau for 1884. We now propose to deal with its actual work done in 1883. In pursuance of this purpose we propose a few briefest comments on some of the utterances of the Chairman of this Bureau, as found in the *Transactions* of the year above named, and shall begin with one in the conclusion of the introductory remarks, accompanying synopses of recommendations from the different members of the Bureau—the subject being, "*A Model Materia Medica*." After giving abstracts of these recommendations, the Chairman is found rather sadly and perhaps disappointedly saying :

"Since nearly thirty years ago \* \* \* I have been painfully sensible of the faulty methods and spurious results characterizing our drug experimentation, and have earnestly advocated the reprovng of our medicines as affording the only chance for a *materia medica pura*. But as I could not, by myself, organize and maintain a college of provers, and as the profession, blind to the advantages to be gained or careless of the evils to be shunned, would not second my effort," etc.

Just so, Doctor. And don't you see the obvious and sufficient reason for this ? The profession, at least the best part of it, has



not believed one word of all this bosh of *advantages* and "evils to be shunned," you have been so earnest in asserting all these years, and it is quite conceivable, if there may have been some who have been in accord with your judgment of our *materia medica* as to its impurities, they may, at the same time, have failed to recognize in your utterances any especial fitness for the office of purifier, and so have failed to give you the support you needed. And then it is quite certain our best men have felt no want of this re-proving, which has apparently been so great a trouble to you these "thirty years." They have only been successful and happy in healing the sick with the help of this alleged "impure" *materia medica*; indeed, they have been so successful and happy that they have little or no confidence in your allegation.

But the subject of the report before us is "A Model for *Materia Medica*." A noble subject, truly, and when found mankind may well rejoice in it. Let us look at some of its utterances on this subject and see, if we can, what there is to be gathered from these of promise of our hastily realizing this grand desideratum. The first intimation of a plan for this "model" is thus given:

"It was intended to draw out illustrations of different methods of culling from our vast displays of drug symptoms the characteristic and most important; and hence the proposition to *bring the pathogenesis of EACH DRUG, on an average, down to five pages.*"\* \* \* \*

Italics, etc., ours. This is certainly as remarkable a proposition as can well be imagined to have come from a body of eleven men of average intelligence. This limitation of space, as it is the first peculiarity of the proposed "model" mentioned, may be supposed to be considered by our Bureau of prime importance. The idea, taken with other utterances of this report, would seem to be, when dealing with drugs which are credited with a record too voluminous to be brought within the compass of the regulation "five pages," to vote the surplus either spurious or superfluous, and all difficulty is disposed of. We shall, by and by, examine some other utterances of this report with a view to learn from them, if we may, what are the qualifications of this Bureau, and especially of its Chairman, for this work they have had committed to them.

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\* The one idea of *excellence* of those who would give us this "model," would seem to be contained in *contraction of size* of the work. In this we are reminded strongly of the story of the Dutchman, who had much admiration for the talents of his brother, and proved his superior greatness by declaring he "had written a book as *thick as that cheese.*" The model is to be *small*.

"A careful sifting out of chaff and study of characteristics in ways illustrated in this country as well as in England, will bring us a condensed materia medica more useful to the practitioner than the cumbersome works now claiming to be complete."

Do the "ways" refer to the "sifting," or to the "study"? If to the former, then we are justified, we think, in inquiring, Why not cease this everlasting twaddle-talk of "chaff," and begin to "sift"?\* These men, notably this Chairman, after all this "near thirty years'" talk of *chaff*, has not even begun to *sift*. We know no indication other than his perpetual insisting that there is much *chaff*, of any qualification in him for this work of *sifting*, and this certainly does not go far in proof.† He has not, so far as we know, given any evidence that he knows "chaff" from wheat. We remember a notable occasion, some years ago, when he, in his zeal on *chaff*, characterized one recorded fact as

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\* There were, some years since, in Vienna, a band of intelligent, earnest, honest men, who seem to have suffered from the pains and anxieties which our Chairman says have been so great a trouble to him for so many years. They did not believe in potentization, nor in the genuineness of the "vast displays of drug symptoms" they found in our materia medica, and what did they do? Did they *talk* thirty years of these pains to an unsympathizing audience? Not at all. They only went to work and re-proved some of our most important remedies, and were cured of their pains and their skepticism by this honest work;—of their pains by finding the records of previous provings so beautifully confirmed, and of their skepticism by finding wealth of symptoms from doses of potentized drugs, when the crude had given none. It was *work* which cured them, and this against their will, and not *talk* at all. They had no "college of re-provers," nor was any one of the worthy band endeavoring, perhaps "painfully," to pose before Austria and the world as a possible "president" of such a piece of folly. Perhaps this last fact may explain why they worked successfully while our Chairman has only talked. These *working* men found nothing to strike or "sift" out. They *added* much valuable matter to records already greatly extended, because they found many new *facts*, and had no "five pages" standard into the limits of which all records of each drug were to be brought.

† Whence came the license of this Chairman for this "thirty years'" abuse of our materia medica? Not from any useful labors in its interests. He has, so far as we know, added not one to the great sum of its facts. He has in no way or manner, again we say, so far as we know, helped any one to a better understanding of it, or to a more ready use of its facts in their practical duties. He has done nothing but defame this most important work of which he has all this time been so ambitious of being constituted its supreme judge. Did he forget that the common sentiment of mankind, even in less important matters, has demanded of those who were to act as judges of them that they should come to their judgment without *prejudice*? This sentiment, if the world should ever be foolish enough to institute a "college of re-provers," will be fatal, or should be so, to our Chairman's ambition to stand at its head. For it is certain that in all relating to our materia medica, prejudice, as compared with any knowledge he may have displayed of it, is so far in excess that the knowledge can hardly be seen at all.

of this worthless class, which an abler man at once recognized as a most important fact, not "*chaff*" at all, but *wheat* of the soundest kind, and intimately related as curative to the initiatory stage of apoplexy. The difference was, our Chairman ridiculed the fact and called it *chaff*. Our other friend could see its true character, and use the so-called *chaff* and cure important sicknesses with it. The trouble with our Chairman was, "he didn't know." Is this the "way" of "sifting" which is to give us our better *materia medica*?

But, perhaps, here is a shadow of the *way* he had in mind when he commended the *sifting* to be done.

"In the first place, as I took pains to show in my paper, for the World's Convention at Philadelphia, in 1876, a large number of drugs have been presented in our works on *materia medica* which have had no proper proving, or have shown little or no influence on the human organism, certainly not such as to give them rank as useful remedies."

"A large number." What are they? And how is it known they were not properly proved? \* In view of his Niagara blunder of ten years ago, it can hardly be but that such *assertions* will be questioned.

"Many symptoms have been recorded by provers whose conditions or circumstances were such as to make it very doubtful if they were at all drug effects."

What does he know of the "conditions or circumstances" of the provers whose work he here calls in question? We believe we hazard nothing in saying he can know but very little. And yet this little is to give us our improved *materia medica*.

"Many symptoms have been noted as drug effects where doses were taken in which there would not possibly be any drug influence." †

How does this man know this? We have an impression that Omniscience only knows the limit of the possible or impossible in this matter of drug action. Our Chairman may as well know now that the world will not concede to him this attribute. They are very likely to tell him,

\* Is this because they have not passed under the revision of a "college of re-provers," which as yet has no existence, and received the approval of this shadowy authority?

† No "drug influence" was just what the Vienna re-provers thought *till they tried it*, and so found their mistake. We commend their example to our Chairman as eminently worthy of following by him and all others who have come to *a priori* conclusions of "no drug influence."



those who are most intelligent in this matter of drug action, that he knows just nothing at all about the impossibility of it. And in this he is only like the rest of us.

"Many symptoms have been attributed to medicines that were really due to the lively imagination and undue ambition of self-appointed provers."\*

How many and what are these symptoms? How many of these provers has our Chairman known personally that he should dare to characterize them and their work thus dishonorably? If the plain truth were known, we venture the guess that it would appear he knows little of either, and we should be left to the conclusion that this charge has had no other origin than our Chairman's imagination, whether "lively" or otherwise.

"A large number of symptoms stand in the materia medica which have occurred in but one prover, and in that prover but once."

How many? And what then? If we are not mistaken, such symptoms have led to effective curing agents more than once, showing they were facts all the same, by that most conclusive of all evidence, their clinical verification. It is not whether a symptom has appeared in only one or many provings; the only question of importance is: Is the symptom a part? Will our Chairman tell us how he knows these he has discredited are *not facts*? Repetitions, either in many persons, or in one, do not create facts. They may confirm our confidence in them. And would our Chairman exclude facts from our materia medica on no better ground than his want of personal confidence in them? or from a fear of a "pathogenesis of some drugs" extending beyond the prescribed limits of five pages? If so, who gave him this authority? Is this another of the "ways" of "*sifting*" by which we are to come to our "*model*" materia medica? If so, then let us be thankful our Chairman is not yet at the head of any "college of re-provers."

"Many symptoms in the sick appearing for the first time after the administration of a remedy have been recorded as drug effects."

Does the Chairman know these symptoms were not the effects of the drug? The so-called clinical symptoms scattered through our materia medica may some of them have had this origin for aught we know, but, we are quite confident, not all of them.

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\* *I.e.*, provers who belong to no "college" and have been so poor as to have no president for their guide with that omniscience which at once and infallibly detects and discriminates drug effects from the workings of their seductive "ambitions" and "imaginationes."



They constitute a very important part of our drug record, and were placed there by our best men, and only after such consideration as satisfied them of the truth and value of these symptoms in therapeutics. We know of no superior intelligence in our Chairman which warrants his revision of their work. These symptoms are often sadly missed from our latest great work of drug records, from which they have been excluded. They are a loss, but only a small one, in comparison, we judge, with that which will be regretted as the outcome of the more liberal exclusions shadowed in the plan of our proposed "*model*."

"Symptoms noted in cases of poisoning have been attributed to the poisonous drug taken, without due consideration of the influence exerted by antidotes and other causes at the same time operative."

How "without due consideration"? What does our Chairman know of the "consideration" these symptoms have received which is here denied an existence? These symptoms have been placed in the record by men of knowledge of drug action more than others, and to suggest an equality of our Chairman with them in this respect would be a flattery far transcending modesty, decency, or truth. The men who have wrought out for us our *materia medica* were not given to passing their work into print without a consideration of no common carefulness. Our Chairman has, as compared with them, no superior knowledge of sources of error in making up the record, nor a more careful conscience for their avoidance. We speak now of the earlier laborers in this great work. It is quite possible some of the more modern may deserve all our Chairman's suspicion and criticism. If there be such, we have nothing to say in their defense. And, further :

"When all worthless and unproved drugs, and all symptoms, which are not drug effects, are omitted there will be a wonderful shrinkage in our *materia medica*."

No doubt. But who is to decide as to the worthless drugs, and by what standard are they to be adjudicated as such? As to unproved drugs, they can present no difficulty. They may all be dismissed to the limbo of the impracticable. But the worthless—who shall declare them? Not every one who decries our *materia medica* is equal to the task, as we have often shown, and we are nearly certain that any man who is equal to it will feel a great shrinking from the undertaking. What shall be the standard by which he is to be governed in his decisions? We know

of none. If we adopt the rare call for the clinical use of a drug or that it has not been called for at all in our experience of more than forty years of homœopathic practice, it would seem, perhaps, that such a drug might be excluded without loss. But it is not so, as was recently proved when such a drug brought to us the rare experience of a violent case of scarlet fever, cut short *in limine*, by a single dose of it. There was no other member of the materia medica which met the demands of this case, and this one did and cured. Suppose it had previously been excluded, who can say what would have been the course and termination of the case? Evidently rarity of use is no ground for exclusion. Then what is? Let the ambitious man answer this before he proceeds to any wholesale "sifting" out. But further :

"Genuine drug symptoms are not all of equal value, and when by much scrutiny and comparison we are able to distinguish those of the *greatest value* to arrive at the *characteristic* and *essential*, then may we hope for a condensed materia medica worthy of the name, etc."

Certainly, there is a sense in which it may be said "Genuine drug symptoms are not of equal value." If by this it be meant that those symptoms of the drug most frequently met in counterpart in sicknesses to be healed are of the first consideration, we have nothing to say against it. But we do say that whoever thinks this greater value is to be discovered by any amount of "scrutiny and comparison" is only deceiving himself. This kind of greater value is only learned by clinical experience of the fact. But there is another reason for assigning greater value to some symptoms than to others, and this is a fundamental one. That in the drug is of greatest value, therapeutically, which is *most like* the symptomatic elements of the case in hand to be cured. This can only be found at the side of the sick-bed, and not by any amount of "scrutiny and comparison" elsewhere, in endeavors to "condense" our materia medica by exclusion. Then there is another sense in which "genuine drug symptoms" are of *equal value*. All such are facts, and, as before the prover, are to be alike recorded with care, for it may well turn out that the fact, when recorded, judged as of least worth, may be found to be just that which is *most like* in the first case of sickness calling for its use, and then for that case it becomes most valuable of all. But this discovery is not learned by "scrutiny" in the interest of endeavors to *condense* our record. This, if based on a *priori* judgment, will inevitably be found excluding

most valuable matter, so inflicting loss rather than conferring benefit. And further still and more remarkable, we read :

"It is well known to every thoughtful student of materia medica that each drug must primarily impress a certain tissue and disturb the functions of a certain organ, and that when not prevented by some other morbid\* or pathogenic agency, the character of its impression must be the same in all cases. The inception and progress of the drug disease undisturbed must be essentially the same in all persons ; and the symptoms indicating its point of attack, its line of march, and its results cannot differ widely in the members of the human family. *Upon this uniformity of drug effects depends the whole fabric of Homœopathy.*"

Any student of materia medica, whether very thoughtful or not, must know that this paragraph is very far from the truth, unless its saving clause of "morbid or pathogenic agency" be carried farther in its meaning than a just sense of the words will warrant. There has not been in the experience of provers, and is not now in the records of their experiences, any such "uniformity" as is here set forth, and Homœopathy is in no sense or degree dependent on such a basis, which has no foundation save in the imagination of our Chairman. Homœopathy depends and rests on facts wholly, and not in the least on any man's fancy. So far is this alleged "uniformity" from fact, that the very reverse is true, and hence the necessity of provings of the same drug by persons of all sexes, ages, temperaments, conditions, and idiosyncrasies, in order to secure to the record the whole scope of the possible effects of the drug. These have all been recognized by our masters in the art of drug proving as modifiers of drug action in individual provers, and hence have been destructive of the alleged "uniformity" in drug action. It is certain no one of these can be justly forced into either category of "morbid or pathogenic action" for the salvation of our Chairman's declaration from the domain of sheer nonsense. It is singular, but perhaps not unexpected, how so nearly every utterance of this Chairman has demonstrated his utter unfitness as a reformer of materia medica, as well as to preside over a so-called "college of re-provers." The last quoted paragraph adds one more instance of evidence to those already before us, proving this incompetency, which, we may surely be pardoned if we suggest, it was not needed. And again :

"If the symptoms recorded in our materia medica do not apply to the generality of mankind [of course they do], if they are to represent personal peculiarities [equally, of course they are not], and not uniform drug effects, the practical application of *similia* becomes a task more difficult and less satisfactory than out-and-out empiricism."

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\* The prover is supposed to be in health.



Of course, practice under and according to law is "more difficult" than any empiricism.\* This has always been and will be a most difficult duty. There is none more so. But that it is less "satisfactory" we deny in sharpest terms. This statement could never have come from an honest man who had faithfully tried it. And yet this man would be a reformer of our materia medica! No wonder the first idea of reform of such a man was to *strike out*! This is easy. Any man can do it—the least qualified for the work as effectually as the best.

And then the dodge of representing the facts of our record as of "personalities" and not as "drug effects," when they have been gathered, as they rightfully were, from the experiences of these effects on individualities of all sexes, ages, temperaments, conditions, and idiosyncrasies, is hardly above contempt. This variety of proving was necessary in order to gaining a complete knowledge of the scope of the drug action, and not for a knowledge of any "personality" whatever. The variety in these "personalities" of the provers, as indicated above, represents to us variety in each, of susceptibility to the action of each drug, the record being of that action, different, perhaps, on each different susceptibility, and not the record of the susceptibility. It is very likely it required a professed reformer to conceive of so absurd an idea. The drug impresses one susceptibility in the manner in which it is its nature to do this, because of its relationship to this form of life. It affects a different susceptibility in a different manner because of the same natural relationship, and so on to the end of the series. But all are effects of the same drug, though the recorded facts of these provings are so utterly destructive of our Chairman's alleged "uniformity of drug action," and so effectually scatter his other allegation of the "dependency" of Homœopathy on this "uniformity."

P. P. WELLS.

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FREEDOM OF MEDICAL OPINION ILLUSTRATED.—Dr. A. M. Cushing, as President of the Massachusetts State "Homœopathic" Medical Society, delivered the usual annual address. The address was *rejected* by the publication committee, the sole offense being, as the author states, because he *dared* to declare that homœopaths should practice Homœopathy!! This was *more* than the M. S. H. Society bargained for, hence its rejection, by which this publication committee paid Dr. Cushing the greatest honor in their power to pay any one.

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\* This is a singular comparison. Everybody knows empiricism has *no* difficulties. That it is "*just as easy as lying*," i. e., any other *kind* of lying, while practical Homœopathy is confessedly one of the most difficult of human undertakings.



## THE JUNE MEETING OF THE I. H. A.

In the March number of the *PHYSICIAN* appears a notice that the next meeting of the Internationals will be held in Washington. As this may be news to many, it might be well to give a brief statement as to how and why this change was made. At the meeting in 1882, a resolution was adopted constituting the officers of the Association an Executive Committee with power to make arrangements for meetings, and to transact such other business pertaining to the interests of the Association as they might deem best. At the meeting last year it was agreed to hold the coming meeting at Deer Park, commencing three days before that of the Institute. Some time after that I received numerous letters from members stating their intention of visiting this city either on their way going to, or returning from, the Deer Park meeting, and suggesting that the place of meeting be changed. I, as the then chairman of the Executive Committee, did not feel disposed to take the responsibility of making the change without consulting the members in attendance at the last meeting, and who had decided to go to Deer Park.

I, therefore, wrote to all the members who were in attendance at that meeting, and received a response from all, and with only two exceptions all voted to have the meeting held in Washington, commencing three or four days prior to meeting of Institute.

I communicated this result to the President-elect, Dr. Foote, who favored the movement, and he will no doubt give official notice of the time as soon as it is ascertained on what days of June the Institute meets. The President has also appointed me a committee *of one* to make arrangements for place of meeting, hotel accommodations, etc. This will be attended to, and as the hotel fare at the Park is to be \$2.50 per day, I am disposed to think it will not exceed that here, but of this I will give further notice in the June number of the Journals.\* Our city at that time will be looking its best, and as Congress will then be in session, it is to be hoped that every member who can possibly do so will be in attendance. And not only do we desire members to attend, but those who are not; we are not afraid of being contaminated, since the Institute has failed to do this, while our rigid homœopathic prescribing may do them much good. All are welcome.

C. PEARSON.

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\* The meeting will be held at 611 Twelfth Street, Washington, June 13th, at 10 A. M. For information as to board, etc., communicate with Dr. Pearson.—EDITOR.

## THE INFALLIBLE MICROSCOPE!

At a recent meeting of the Philadelphia *Obstetrical Society*, Dr. William Goodell mentioned a number of cases in which experienced microscopists had given prognosis of early fatal termination, based on the cell formation of growths removed from the uterus; but the cases had *recovered*, and showed no evidence of any diseased condition!! The infallible microscope does occasionally err then!

We remember the case of a patient with a tumor on the back of thigh, which was pronounced a malignant growth by the microscopist at the University of Pennsylvania. The prognosis of this *learned* man, after quiet and careful microscopic examination, was that amputation at the hip joint, or death were the only alternatives. Amputation was performed and the patient died. Afterward it was discovered that the growth was not *malignant*, that amputation was not necessary, and *hence* that the patient's death was unnecessarily hastened. *Moral: do not trust too much to the microscope.*

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## THE RELATION OF HOMŒOPATHY TO HAHNEMANN.

AD. LIPPE, M. D., PHILADELPHIA.

*The British Journal of Homœopathy* opens the present year with a leading paper on "The Relation of Homœopathy to Hahnemann," by Dr. Hughes. As it comes to us as an introductory lecture to a course on the principles of Homœopathy delivered in the London Homœopathic Hospital Medical School, and as it is misleading, it becomes an unpleasant duty to expose the erroneous arguments offered, which, if accepted, would pervert the true homœopathic healing art into eclecticism.

The great object of the learned lecturer is to show that the formula, *similia similia curantur*, adopted by Hahnemann, is not the correct homœopathic formula, but should read *similia similibus curentur*. His argument is that *curantur* is unwarrantable if implying that all cure is wrought under the law of the similars, and to fortify his position he erroneously claims that Homœopathy is a *method*, not a *doctrine* or a *system*, and that Homœopathy does not deny that there are other aspects of disease and drug-action than the formula *similia similibus curantur* implies, nay, necessitates.

Either the law of the similars is correctly expressed by the

adopted formula, *similia similibus curantur*, or else the law of the similars is not a law at all, only a method among other methods of cure, belonging exclusively to eclecticism, and then very properly and for that purpose exclusively expressed in good Latin by the "*similia similibus curentur*." Either Homœopathy is applicable to the cure of all and every non-surgical disease, or it is not applicable in all such cases. Hahnemann says *it is* and Hughes contends that *it is not*. Hahnemann, in the *Organon* of the healing art, clearly defines the position he takes in paragraph 54: "I have before remarked (pages 43 to 49) that the course pursued by Homœopathy is the only correct one. Because of the three ways to apply medicines in diseases it is the only direct one leading to a mild, certain, and durable cure, without either injuring the patient or diminishing his strength. The pure homœopathic mode of cure is the only correct, the only direct, and the only possible means to be employed by human skill, as surely as it is possible to draw but one straight line between two given points." Here is a flat denial by Hahnemann that there is or can be any other mode of cure than the homœopathic. The illustration Hahnemann uses is simple, comprehensible, and universally accepted. Between two given points but *one* straight line can be drawn. As true as this fundamental mathematical law is, just as true is it that the only way all diseases are cured is under the guidance of the law of the similars. And this law is, as our good friend, Dr. P. P. Wells, so forcibly expresses himself, as wholly mandatory. It commands, and a natural "law can therefore never be degraded to a mere rule of practice."

In order to mislead, one of the boldest attempts to misrepresent Hahnemann is made when Dr. Hughes asserts that Hahnemann proved *Cinchona officinalis* to find out whether, like other febrifuges, it was febrigenic at all; and that his result was to find it productive of all symptoms, both general and characteristic, of the intermittent paroxysm. Where did Hahnemann say that? The *Materia Medica Pura* (not a pathological picture-book) has seen a new translation by R. E. Dudgeon, M. D., with annotations by Richard Hughes, L. R. C. P. E. If the learned annotator will compare what Hahnemann says in his admirable preface to *Cinchona officinalis* he must retract his misleading assertion just quoted. Hahnemann says:\*

"As long ago as the year 1790 (See W. Cullen's *Materia Medica*, Leipzig, bei Schwickert i. i. p. 109 note). I made the first pure trial with *Cinchona*

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\* Page 408, in Dr. Dudgeon's translation of the *Mat. Med. Pura*.



bark upon myself, in reference to its power of exciting intermittent fever. Cullen had asked the very pertinent question, 'Under what circumstances does China cure intermittent fever.'"

When Hahnemann made the first pure trial with Cinchona bark upon himself in reference to its power of exciting intermittent fever it was undoubtedly his purpose to ascertain the fact that this bark could excite on the healthy organism intermittent fever symptoms; he had no doubt then a conviction that such must be the case, or else that bark could not possess at times the power to cure intermittent fever; *then* came the question, *Under what circumstances* can, must, it cure? And if our learned friend will read on in that above-quoted foot-note, he will, maybe, see daylight. Hahnemann says:

"With this first trial broke upon me the dawn that has since brightened into the most brilliant day of the medical art; that it is only in virtue of their power to make the healthy human being ill that medicines can cure morbid states, and, indeed, only such morbid states as are composed of symptoms as the drug to be selected for them can itself produce in similarity on the healthy. This is a truth so incontrovertible, so absolutely without exception, that all venom poured out on it by the members of the medical guild, blinded by their thousand-years' old prejudice, is powerless to extinguish it, etc."

What Hahnemann says further on in this admirable, clearly written preface to China is as true to-day as it was then. Even the characteristic indications for the use of China are unsurpassed by anything published since. He who will take the time to attentively read these indications will not fail to cure the few cases curable by China. He will, in the course of time, find, for instance, a morbid state excited intensely, aggravated by merely touching the part, or slightly moving it, and as China is really the only known medicine causing a similar symptom in its primary action, a single appropriate dose will very speedily cure that case.

The ardent desire of Richard Hughes & Co. to build up a new system based on "Progressive Pathology" and painted up with seductive colors under the banner *similia similia curentur*, is expressive of the true inwardness of these illogical men.

We have at present three sets of men before the world, all professing to be homœopaths, all three quoting Hahnemann as their "authority." There are the Old Guard and the readers of Hahnemann's works who honestly and diligently, understandingly and painstaking, have followed him, and who honestly proclaim that their success in combating diseases has increased as they more strictly adopted Hahnemann's methods under the formula, *similia similibus curantur*. Likes are cured by likes.



There are the misleaders who fable of a variety of methods, despise any "law," and who *never* (although frequently asked),\* have illustrated their untenable position, their formula is *similia similibus curentur*. Likes *may* be cured by likes. Hahnemann was a ripe classical scholar, and when he wrote *curantur* (are) he wrote down "a law." Whoever says *curentur* (may be) omits to say when, and under what circumstances the law of the similars (Homœopathy) is applicable and what next? What other methods can be applied? And under what circumstances? All is sadly mixed up. Why not be honest and say we are wiser than was the Master, and we are eclectics, and *we* will give the world something to laugh at—a pathological picture-book? For the information of Richard Hughes & Co., and their boasted huge majority, be it known, that we are far ahead in the United States, and that in the reprint of the *Encyclopædia Britannica* in the United States these gentlemen will find a very strong paper on Homœopathy, written by a "scholar," who treats the subject becomingly.

There are others calling themselves also homœopaths who claim that Hahnemann advocated the formula, *æqualia æqualibus curantur*. Lux tried that folly and failed. So will it be with the present imitators of so glaring an absurdity.

The sum and substance of our paper is to show that Hahnemann was the founder of Homœopathy with his own formula, *similia similibus curantur*; and that Richard Hughes, with his new formula, *similia similibus curentur*, has departed from Homœopathy hopelessly. *Bon voyage*.

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## EVERY MAN HIS OWN DIETER.

In the biography of the late General Dix is an account of an interview with the celebrated Dr. Abernethy. It will interest our readers, especially since it is known that the wisdom of the physician's advice carried General Dix from dyspeptic youth into eighty years of robust life. General Dix gives the account himself: "He received me with great civility, heard a few words of the story, and cut me short as follows: 'Sir, you are pretty far gone, and the wonder is you are not gone entirely. If you had consulted common sense instead of the medical faculty you could probably have been well years ago. I can say nothing to you ex-

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\*State a case of sickness in which the law of *similia similibus curantur* was honestly applied, and after failing to cure it, was finally *cured* by some other method of cure.

cepting this: You must take regular exercise, as much as you can bear without fatigue, as little medicine as possible, of the simplest kind, and this only when absolutely necessary, and a moderate quantity of plain food, of the quality which you find by experience best to agree with you. No man, not even a physician, can prescribe diet for another. "A stomach is a stomach;" and it is impossible for any one to reason with safety from his own to that of any other person. There are a few general rules which any man of common sense may learn in a week—such as this: That rich food, high seasoning, etc., are injurious. I can say no more to you, sir; you must go and cure yourself."

### WASHING OR BATHING.

AVERSION TO WASHING: *Amm. c.*, *Amm. m.*, ANT. CRUD., Baryt., BELL., BORAX, Bov., BRY., CALC., CANTH., CARBO VEG., CHAM., CLEM., *Con.*, *Dulc.*, *Kali*, LAUR., LYC., Magn. c., Merc., MEZER., Mur. ac., Natr. c., NITRUM, *Nitr. acid.*, *Nux mos.*, *Nux vom.*, Phosph., PULS., RHUS, SARSAP., SEPIA, Sil., SPIG., Stann., STAPH., STRONT., SULPH., *Sul. acid.*, *Zinc*.

AGGRAVATION FROM WASHING (in general): *Æsc-hipp.*, *Æthusa*, AMM. C., *Amm. m.*, ANT. CRUD., Baryt., BELL., Borax, Bov., *Bry.*, CALC., CANTH., CARBO VEG., *Caust.*, CHAM., CLEM., *Con.*, *Dulc.*, *Kali c.*, Kobalt., LAUR., Magn. c., Mang., MERC., Mezer., Mur. acid, Natr. c., NITRUM, NITR. ACID., *Nux vom.*, *Phosph.*, Puls., RHUS, SARSAP., SEPIA, SPIG., Stann., Staph., STRONT., SULPH., *Sul. acid.*, *Zinc*.

AMELIORATION FROM WASHING (in general): *Alum*, AMM. M., Ant. tart., *Apis.*, *Ar.*s., ASARUM, Borax, Bry., Calc., *Caust.*, Cham., CHELID., Euphr., *Fluor. acid.*, Helon., LAUR., Magn. c., Mezer., Mur. acid, *Nux vom.*, PULS., *Rodol.*, *Sabad.*, Sepia, SPIG., Staph., *Zinc*.

BATHING aggravates: ANT-CRUD., *Calc.*, *Carbo veg.*, *Caust.*, Mang., NITR. ACID, RHUS, *Sepia*, Sulph.

— in cold water, aggravates: BELL., NITR. ACID, RHUS, *Sarsap.*, SEPIA.

— in sea water, aggravates: *Mag-mur.*, *Rhus*, *Sepia*, *Zincum*.

### SYMPTOMS IN FULL.

ÆSCULUS HIPPI. Pricking, swollen feeling in hands after washing them.

ÆTHUSA. Sensation as if head, face, and hands were swollen; worse after washing; better coming into room.

ALUMINA. Acid, profuse leucorrhœa, relieved by cold washing. Rhagades (on hands) worse in winter and from washing.

AMM. CARB. Nosebleed when washing face in morning. Hands look blue and veins distended after washing in cold water.

AMM. MUR. Eyes glued together in morning, with burning in canthi after washing.

ANT. CRUD. Child cries when washed in cold water, better when washed in warm water. Headache after bathing in a river, with weakness of limbs and aversion to food. Disposition to take cold about head after getting wet or bathing in cold water. *Diarrhœa from cold bath.*

APIS. Worse from getting wet through, but better from moistening or washing the affected part in cold water.

ARNICA. Nosebleed after washing face: (Amm. c., Antimon. sul. aur., Dros., Kali c., Kali b.)

ARSENIC. General aggravation from cold, except headache, which is temporarily relieved by cold washing, and permanently by walking in cold air.

BORAX. Washing chest with cold water affords relief from pains.

BROMIUM. Hæmorrhoids worse from cold or warm water, better from wetting with saliva.

BRYONIA. Facial neuralgia relieved by cold applications.

CALC. PHOS. Dullness with every headache; worse from mental exertions; better from cold washing.

CANTHARIS. Headache from washing or bathing. Warm applications relieve pains in knees.

CLEMATIS. Itching of skin worse from washing in cold water, from warmth of bed, and from wet poultices.

COLOCYNTH. Tensive, tearing pain, with heat and swelling, especially of left side of face; worse from touch or motion; better in perfect rest and from external warm applications.

CONIUM. Soreness as from excoriation in skin of face after washing and wiping face.

CYCLAMEN. Headache relieved by cold water applications.

EUPHRASIA. Rash on the face; itching in the warmth, becoming red and burning when moistened.

FERRUM. Neuralgia (facial) after washing and over-heating.

FLUOR. ACID. General heat, with nausea from slightest motion, with inclination to uncover, but mostly to wash in cold water.

**HYDRASTIS.** Eczema on margin of hair in front (of head) ; worse coming in from cold into warm room ; oozes after washing.

**KALI CARB.** Nosebleed when washing the face ; every morning at 9 A. M.

**LAUROCERASUS.** Rough, scaly skin between the fingers, with burning when touched by water.

**LOBELIA INFLATA.** Cold washing increases or causes pains ; causes difficult breathing.

**MAGN-MUR.** Congestion of blood to the chest from bathing in the sea. Bloody expectoration brought on by sea bathing. Great weakness after sea bath.

**MEPHITES.** Feels less chilly in cold weather ; feels pleasant after ice-cold washing.

**MERC. IOD. RUB.** Violent tearing in soles ; feet swollen, sore to touch, worse around ankles ; after washing the floor.

**MEZEREUM.** Better walking in open air, yet sensitive to cold air or to cold washing in the morning.

**NATRUM CARB.** Anxious in evening after a foot bath.

**NATRUM MUR.** Great inclination for open air and for washing in cold water.

**NITRUM.** Burning in the eyes, lachrymation and aversion to light especially in the morning ; after washing in cold water.

**NUX MOS.** Abdominal colic, better from hot wet cloths ; muscular rheumatism worse from cold wet cloths.

**PHOSPHORUS.** Toothache from washing clothes ; from having hands in cold or warm water. Weight and throbbing in forehead on waking, better by cold washing, worse on stooping ; sometimes lasts all day. Dullness in head, amel. by cold washing.

**PHYTOLACCA.** Tinea capitis ; worse washing it when he is warm. Blotches on face ; worse in P. M., after washing and eating.

**PODOPHYLLUM.** Diarrhœa (*i. e.*, stool) while being washed. Backache after washing, with prolapsus uteri.

**PSORINUM.** Pain as if brain had not room enough in forehead, when rising in morning ; better after washing and eating.

**PULSATILLA.** Heat of right side, or on upper part of body ; lessened by moving or washing.

**SABADILLA.** Mania ; rage quieted only by washing the head in cold water.

**SPIGELIA.** Dull stitches from within outward, on top of head ; worse from touch and after washing, but better while washing it.



SULPHUR. Toothache coming on in open air, or from least draught, or at night in bed, or from washing with cold water.

TABACUM. Cramps in single fingers, especially while washing; early morning.

TARENTULA. Stools three or four times daily, very dark, fetid, partly formed, containing much mucus, expelled with difficulty, and followed by smarting and burning at anus but no tenesmus; stools always occurred immediately on having the head washed.

THUJA. Face; skin hot and red, peels off when washed.

ZINCUM. Yellowish herpes in mouth from sea bathing.

### LET NATURE REMOVE THE PLACENTA.

In the *Deutsche Medical Wochenschrift*, Dr. Dohrn thus sums up his experience: "1. In one thousand lying-in women, in whom the expulsion of the placenta was left to nature, the results were far better than in one thousand others in whom Credé's method of expulsion was used. 2. The one thousand lying-in women in whom the placenta was spontaneously expelled had considerable less hæmorrhage and fever after delivery. In those cases treated by Credé's method portions of the membranes were frequently retained, and there were more fatal cases than in the others. 3. The disadvantages which are conditional to the method of Credé are especially seen in the cases in which the placenta is expressed during the first five minutes. After a longer time the expression was more complete, but never as safe as by the spontaneous method."

### CONVALLARIA MAJALIS: A PROVING.

IRVIN J. LANE, M. D., SING SING, N. Y.

The provers were I. J. Lane, Mrs. C. E. Lane, and James A. Vansant. The fluid extract was used in five to twenty drop doses. The symptoms in italic are those we both had when taking *Convallaria majalis*, excepting those of the female organs; those were very marked, or occurred a number of times.

MIND.—Depression; mind wanders from subject when reading; feels irritable when asked a question.

HEAD.—Vertigo in the morning, with faint feeling; dull headache, commencing in vertex and extending to temporal region; *dull feeling in the head*; dull heavy ache over the eyes; dull aching in right eye and temple, with pain from eye extend-

ing over top of head and down right side of neck about every fifteen minutes.

**EYES.**—On going from a dark room into the light sees gray-colored spots about three inches square in different parts of the room; all letters look alike when reading; sees small words before the beginning of a sentence; the letter P is substituted for other letters; upper eyelids feel heavy when looking up; dull aching pain in right eye.

**EAR.**—Pulsating pain in left ear, with heat; pulsating pain in right middle ear; when swallowing tympanum of right ear seems to bulge out, relieved by pressing on temporal artery in front of ear.

**FACE.**—Smoked color, after exercise; looked pinched.

**THROAT.**—*Dry suffocating sensation*, as if she could not get her breath.

**STOMACH.**—*Eructations tasting of fat; sometime after eating eructations tasting of food*; nausea and faint feeling in the morning, followed by vomiting a small quantity of a clear substance tasting like phlegm; nausea after eating and exercise, with vomiting of mucus, tasting like slime from oysters; increased appetite. Symptoms relieved by eating, but returning again soon.

**ABDOMEN.**—Dull colic-like pain in left iliac region, relieved by micturition; colic-like pains in umbilical region, come suddenly and pass off slowly; *uneasy sensation, causing desire for stool; colic in lower part of abdomen; sore aching pain in hypogastric region; sore aching pain in lower part of abdomen, causing me to hold my breath; feel sleepy during pains; coughing causes sore pain in hypogastric region*; colic-like pains commencing on right side, and going to left; sensation as if she was filling up, causing dyspnoea; abdomen seems larger than it really is, although somewhat distended when sitting; *dull aching paroxysmal pain, causing desire for stool, relieved by stool; laughing or coughing causes a sore feeling in lower part of abdomen.*

**STOOL AND ANUS.**—Sore burning pain at anus during stool; *uneasy sensation in abdomen, causing desire for stool; dull aching pain in hypogastric region, with feeling of fullness and desire for stool, relieved by stool*; slight diarrhoea; diarrhoea between two and six P. M., offensive odor, like decayed meat, light brown color; slight tenesmus; dull grumbling pain in bowels as if they would move; sensation of an abundance of flatulence in abdomen that would pass at any time but can retain it; rectum full of gas, not relieved by passing flatus; uneasy feeling in hypogastric region, with colic; would last about fifteen minutes, then there would be an urgent call for stool, which would relieve.

URINARY ORGANS.—*Some sugar and phosphates*; frequent desire to urinate, passing only a small quantity at a time; urine seemed scalding hot, but left no smarting.

THORAX.—*Sharp pains in right or left nipple*; sharp radiating pains beneath the upper part of sternum.

FEMALE ORGANS.—*Labor-like pains in sacro-iliac synchondrosis, as in first stage of labor*; bearing down sensation worse on right side; *sleepy between the pains*; *pains come quick and pass off slowly*; labor-like pains extending along inner side of right thigh; all the above pains aggravated by motion, sitting up straight or leaning back; relieved by bending forward. Pain commencing in anterior part of abdomen on right side, as in second stage of labor, but extending up higher; sensation as if a large cord extended from sacro-iliac synchondrosis to inguinal region, which was pulled down by the pelvic organs; worse on right side. Uterus seems descended and retroverted, the fundus of uterus pressing on the rectum, causing a very hard, aching pain in rectum and anus. The pain was described as continuous and unbearable; labor-like pains extending up sides and back, causing nausea and faintness, with hunger; pain relieved when lying on back, but then there was a sensation as if a foetus at eight months was kicking in abdomen; aggravated by being on her feet; *sensation in right breast as if milk were coming in breast, followed by sharp, stinging pains centering in the nipple*; *intense itching, commencing at orifice of vagina and gradually extending to meatus urethrae, and all over the labia, with great hyperæmia but no eruption*; *it was almost unbearable, causing a feeling as if she must weep*; aggravated by the slightest motion of legs; relieved by applying cold water. *Raising head from pillow in the morning, had a feeling like morning sickness*; relieved by vomiting a small quantity of a clear substance, tasting like phlegm. Eructations during the labor-like pains.

RESPIRATORY ORGANS.—Dyspnœa, caused by a sensation as if she were filling up in the abdomen; desire to take a deep breath when sitting.

HEART AND PULSE.—*Heart's action very weak*; *pulse very weak and compressible*; *dicrotic pulse*; heart-sounds feeble; *anæmic murmur heard over jugular vein*; *pulse imperceptible, with hand extended above the head*; sensation as if the heart had been palpitating; when exercising, heart would flutter for about a minute, then the face would get red, and then there was a sensation as if the heart stopped beating, starting again very suddenly, causing a faint feeling; *pulse full, compressible, and inter-*



*mittent.* These symptoms under heart and pulse are very characteristic of the drug.

**NECK AND BACK.**—*Dull aching, or sore pain in lumbar region; aggravated by sitting up straight or leaning back; sharp or dull pain under lower angle of scapula, ameliorated by bending the shoulders back; sharp pains in region of right kidney; at two P. M., dull aching pain between lower angles of scapula, extending up and down the spine; pressive aching pain under lower angle of right scapula; constant gaping and yawning after the pain.*

**LOWER LIMBS.**—Cramps in inner side of right thigh, relieved by pressing foot against something; aching pain in ankles; knees sore while walking; cramps in calf of right leg while sitting, relieved by standing; passed off quickly, returned after sitting down; when first bearing weight on her foot after lying down they were numb, then a sensation as if the soles of feet were full of needles (or asleep).

**UPPER LIMBS.**—Rheumatic pains in left elbow joint, at night, on exposure to cold; ameliorated by motion; hand numb, and went to sleep on holding it above the head; aching pains in wrists.

**GENERALITIES.**—Pains leave a sore feeling; *feel sleepy between the pains*; faint feeling from slight cause; hand went to sleep when extended above the head; sharp pains in nipples; sensation as if getting fat inside, filling her up; sleepy and all tired out, as from bodily exertion; sick feeling all over; great prostration; feeling as if just recovering from a long sickness.

**SKIN.**—Blotches like mosquito bites, commencing on anterior part of thigh; great itching, not relieved by scratching; worse on exposure to the air; itching on anterior part of thigh, but no eruption.

**SLEEP.**—Sleepy on going in a warm room from open air, *sleepy while in warm room; awoke about two A. M., be very restless for some time, then go to sleep again, and sleep until about five A. M., then awake again, and would be very restless until morning, restless after sleeping between the pains.*

**FEVER.**—Burning, hot feeling, over the body after midnight; temperature decreased; perspiration over whole body; short paroxysms of hot, suffocating sensation, with perspiration over body.

**AGGRAVATIONS.**—*Sitting up straight or leaning back, laughing or coughing every day.*

**AMELIORATION.**—*In open air, by exercise, standing, lying down, leaning forward while sitting, eating.*

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**NOTE.**—Dr. Lane writes us that he hopes to make further provings, using potencies. These are necessary to bring out the characteristics of a drug.—ED.



## HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

DEAR DOCTOR: The Twentieth Annual Session of the Homœopathic Medical Society of Ohio will be held in Cleveland, May 13th and 14th, 1884. We would like to see every homœopathic physician in the State at this meeting. There will be transacted much business of importance to us all. Are you on a bureau? If so, send your topic at once. If not on a committee, volunteer papers are very acceptable.

Will you be with us? The programme will be out in a few days.

H. E. BEEBE, *Secretary*.

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## NEW JOURNALS.

We take great pleasure in welcoming to our exchange table the St. Louis *Periscope*, edited by Prof. E. C. Franklin, M. D., the well-known surgeon, and *The Regular Physician*, edited by Dr. A. P. Hollett, of Havana, New York.

We hope these new candidates for professional favor may meet with all the success they deserve. We would remind them that there is always *room at the top*. Let *Excelsior!* be their motto.

In March the *Periscope* and the *Clinical Review* were consolidated, and are henceforth to appear under the title of the St. Louis *Periscope and Clinical Review*, edited by Drs. Franklin and Valentine. Subscription, \$2.00 per annum.

The *Regular Physician* will be issued quarterly; subscription, one dollar per annum.

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## CLINICAL BUREAU.

### A CASE OF CHRONIC ARTHRITIS.

PROF. J. T. KENT, A. M., M. D., ST. LOUIS.

Mrs. N., æt. about thirty-eight, has for about ten years been an invalid as a result of chronic arthritis of the left knee. When it was in the acute state she was treated by Dr. Hammer, a well-known St. Louis surgeon. It was cupped and blistered but the disease progressed. Continuously she was treated by the best allopathic surgeons and still it progressed. The last to have control of it was our lamented Dr. Hodgen, who placed it in a splint, saying that if ankylosis could not be accomplished it must

come off. "A stiff leg or no leg," was his language. Two months in a splint failed to accomplish anchylosis.

July 16th, 1881, I was called to the case. The knee was painful and extremely sore to touch, enlarged to twice the size of the well one and very hard. The thigh was emaciated and the ankle and feet were œdematous. The limb was wrapped and she was in bed. She could sit up but the limb could not be moved much, it was so painful from motion. There was great burning in the soles and top of the head. Sulph.<sup>55000</sup> (Fincke) one dose dry. Sac. lac.

The husband came to me the next morning, saying that Mrs. N. was much worse. She had suffered greatly during the night and had pain all over the body. I visited her and urged her to bear her suffering, that it would pass off soon. She took Sac. lac. till August 20th, and Sulph.<sup>81m</sup> was given, one dose dry. Slight aggravation followed, but she said she could bear it, as the first medicine which aggravated had been followed by such relief. September 1st. The pain has all subsided and she is moving about the house on crutches. September 20th she sent for me. I found crape on the door, and learned that her husband had been sick a week and had died under allopathic treatment; that she had been up night and day attending him and was very nervous and the limb was much more painful. She took Ignatic for some days until the sad occasion had passed over a little, when I again paid my attention to the knee. October 8th she took Sulph.<sup>81m</sup> (Fincke), and she thought it gave her rest, but not much improvement in the knee. She continued Sac. lac. to November 12th. The joint has grown smaller, the foot is not so œdematous, no burning in the soles or top of head. Her appetite is good and she is gaining strength. In a general way she is much improved. Not seeing how matters could be improved by medicine, without better indications, I concluded to continue Sac. lac.

December 3d.—She complained of cold feet and that every change in the weather from warm to cold gave her pain in the knee and she had a *craving for eggs*. She had difficulty in keeping warm. Calc.<sup>85m</sup> (Fincke) and Sac. lac. for a month.

January 7th, 1882.—Feeling very comfortable; slept well most of her nights; feet warm, and there was not much pain in the knee; swelling in knee going down; she is about the house on crutches; the sensitiveness is gradually going out of the knee. Sac. lac.

During all this time there has been limited motion in the limb, but the slightest motion has always caused pain. But she has been able to swing it off the bed, holding the foot up to prevent

flexion and then with her crutches she has been going about the house with comparative comfort.

February 3d.—Calc.<sup>85m</sup>. Improving slowly.

March 25th.—There is some motion in the knee without much pain; the joint is slowly growing smaller; no swelling of the foot; she now wears a shoe that mates the right, the first time for ten years or more. Sac. lac.

April 4th.—No new symptoms; improving has ceased. Calc. c.<sup>85m</sup> and Sac. lac.

May 3d.—No change from last date; no new symptoms; eating well, sleeping well; countenance looks well. What shall I do? Prescribe for the knee? No, I wait. Sac. lac.

June 3d.—Sour eructations that seem to burn the pharynx but do not come up into the mouth; knee more painful; nights restless; must move about, which seems to relieve; drawing pain in the knee; gnawing pain in the stomach. "*A sour eructation, the taste of which does not remain in the mouth, but the acid gnaws in the stomach.*" Lyc. "*Incomplete burning eructations which only rise into the pharynx, where they cause a burning for several hours.*" (Allen.) Lyc.

Lycopodium having all the rest of the symptoms, it was given 71m, and Sac. lac. The knee became very painful and she was compelled to keep her bed for several days. Each day I visited her and she took Sac. lac.

July 2d.—She is walking with crutches and has very little pain in the knee; no pain in stomach or eructation. Improving.

August 3d.—Improving. Sac. lac.

September 2d.—Lycop.<sup>71m</sup> and Sac. lac.

September 6th.—Slight aggravation from the Lyc. Improving.

October 1st.—Improving. Sac. lac.

November 8th.—Improving. Sac. lac.

December 15th.—Lycopod.<sup>71m</sup> and Sac. lac.

January, 1883.—It is now eighteen months since taking this case. The patient is in good flesh, and the knee is the only thing that gives her trouble. There is still limited motion. The motion is not much painful except when forced flexion is attempted. She goes about the yard and out into the road. I furnished her a cane and advised laying aside one of the crutches. She has no fear of the knee being hit, which heretofore has been a great factor in the case.

May 1.—She walks with a crutch and cane. Limbs gaining motion continuously. No new symptoms. Knee nearly natural. She can bear some weight on the left foot. Lyc.<sup>71m</sup> dry and Sac. lac.

July 8th.—Rheumatic pains in both knees and such restlessness that she moves all night. Stiffness in joints, which passes off by motion; while in motion she feels better. *Rhus tox.*<sup>1m</sup> in water every three hours.

July 10th.—Improved. Restlessness all gone. Stiffness some better. *Sac. lac.*

August 5th.—Improving. *Rhus tox.*<sup>32m</sup> (Fincke), one dose, and *Sac. lac.*

September 1st.—I found her walking with one cane. She moved over the house to show me how well she could walk.

October 1st.—Improving. *Rhus tox.*<sup>32m</sup> one dose, and *Sac. lac.*

November 8th.—*Rhus tox.*<sup>32m</sup> one dose, and *Sac. lac.*

December 5th.—She walked with the aid of her cane two blocks to a street car, and came to my office from a far part of the city; she walked in my office without the aid of the cane.

January 7th, 1884.—Came to my office. She walks with a limp. Limited motion in the knee, but the soreness has gone. I asked her if she regretted going under constitutional treatment, to which she answered: "Ten thousand times, no!"

I have referred to two distinguished allopathic attendants, simply to show that the best surgical skill had been applied, and that the value of the purely homœopathic method may be the better appreciated. Ten years she grew worse, and in two and one-half years she was cured. If it be argued that she recovered without medicine, then the means that had been used were destroying her life.

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## CLINICAL NOTES.

PROF. J. T. KENT, A. M., M. D., ST. LOUIS.

**KALI SULPH.**—There is no remedy so competent for rattling in the chest when that state has followed an acute attack of inflammation. When a child has passed through a broncho-pneumonia and seems to have recovered and after every change in the weather to cold the child coughs and rattles in the chest, then it is that this remedy cures.

A boy four years old was brought to my office for treatment. He looked well, but coughed several times with a *rattling cough*. "He never expectorates," says the father, "but he always has that rattling. It is worse in cold weather. He eats well and seems well, but always has more or less rattling."

*Kali sulph.*<sup>200</sup>, one dose, dry, cured the case. In one week the



rattling that had been there all winter was gone. The weather changes do not affect him now.

A little girl baby fourteen months old had a very violent double pneumonia last winter. Having been called to the case rather late, it was with great difficulty that the baby was saved. But, finally, it convalesced and looked well. During the cold spring weather it *rattled* in the chest and coughed. Otherwise it was healthy and plump. Some two months after the acute attack it was rattling when the weather changed to cold or damp.

Kali sulph.<sup>200</sup> cured immediately.

I prescribe Kali sulph.<sup>200</sup> for rattling in the chest, with or without much cough, in the absence of distinct indications for other remedies—in *subacute* or *chronic* cases.

A child two years old, plump and well nourished. Ringworms on chest and face.

Dulc., Hell. nig., Nit. ac., Phos., Sepia, Tellur (*Lippe Rep.*).

The child craves meat and refuses everything else, ravenously clawing at the meat-plate, stuffing its mouth full to choking if permitted.

Craves meat: Abies can., Aloes, Aur. met., Ferr. met., Hell. nig., Lil. tig., Mag. c., Menyan., Merc. s., Merc. v., Nat. m., Sabadil., Sulph.

Child keeps up a chewing motion during sleep, grinds its teeth: Ars., Bry., Cicuta, Cina, Hell., Pod.

Child rolls its head during sleep: Hell. and others.

Hell.<sup>1000</sup>, two powders—one at night, the other in the morning, and Sac. lac.

The ringworms disappeared promptly.

Mrs. H., æt. 28, married, came to me for treatment. She had a sore on the red part of the lower lip as large as a hickory nut. It was dry and covered with a dry scab; it was hard as horn; it had been several months forming and was quite painful. The sub-maxillary gland was enlarged and hard. The lymphatics were enlarged on the right side of the neck and she had enlarged tonsils. The history of tuberculosis was in the family and she had been told that this was an epithelioma. Several dry scales had been removed, and as soon as one had separated a new one had formed.

She got *Merc. proto-iod.*<sup>100</sup> (home-made), one dose every four days. It healed in five weeks—perfectly. I withhold my opinion as to diagnosis. I have neglected to mention that it had been deeply cauterized before calling upon me for treatment.

Mrs. R., a married lady, æt. 36, was taken violently ill with pains in right ovary. It was time for menstrual nîsus. Her

suffering was very intense and she called her usual allopathic attendant. Morphine hypodermically administered failed to give her the desired relief. She grew worse for four days. Dr. B., one of our medical students—boarding in the house at the time—was asked to try his hand, but he advised them to send for me.

When I arrived her suffering had not abated. The pains were all over the body and the family were fearing a fatal termination, with no confidence in Homœopathy. But allopathy had failed, and something must be done.

She was restless and thirsty. There was sweat and coldness. The pains were even worse in the sweating condition than before. Extremities cold. Fetor of breath and sour perspiration. Lifting of the covers chilled her.

I prepared Merc. sol.<sup>6000</sup> in water and left the young man to administer it. In two hours she was sleeping soundly—the first rest for four days. No more medicine was required. She took Sac. lac. for a few days and was dismissed.

Mrs. M., æt. 27, married, was taken with violent tearing and stinging in the right ovary. She called a homœopathic physician, who gave her Apis, Lyc., Bell., Lach., but without benefit. When I saw the case she was suffering most intense pain all over the body. There was great thirst, hot perspiration, which did not improve the pain; fetor of the breath, vomiting bile, restlessness, and her screams were heard by the neighbors.

Merc. sol.<sup>6000</sup>; one dose, dry, brought sleep. She had been subject to these attacks, but never had had so violent a one before. She has never had one since.

In looking over the symptoms of these two cases, where can a remedy be found that could cover any part of the case but Merc.? Apis was excluded (although there were stinging pains) by the fact that she must be warmly covered and no relief from perspiration. Where Apis is indicated, patient will throw the covers off; the cool air relieves. The pains did not go from right to left, as in *Lycopodium*; there was not the heat, burning, throbbing, and aggravation from jarring the bed, like Bell.; there was no lifting of the covering, nor left to right, so peculiar to Lach. But Merc. was the simillimum, and it cured—as the appropriate remedy always cures.

A young man (twenty-eight) called on me to treatment. I found a gleety discharge, entirely painless, gluing the meatus in the morning. He had contracted gonorrhœa several months before, and it had nearly stopped discharging. Five years ago he had an attack of gonorrhœa which resulted in producing a

stricture, for which he had been operated on. I could only pass a No. 8 bougie at this time.

The symptoms upon which to base a prescription were : Slight, painless discharge, gluing the meatus ; sickly, sallow face ; constipation, sour stomach, general debility.

He took *Sepia*<sup>cm</sup> (Fincke), one dose dry ; then *Sac. lac.*

The next night he sent a note, saying he was very sick ; to please send him medicine ; that the discharge had come back.

I sent him *Sac. lac.*, requesting him to come to the office as soon as able.

He called in a few days. He said the medicine sent him gave him great relief. The discharge was profuse, thick, and yellow. *Sac. lac.* was given, and advised to call in a week.

Next call : Discharge yellowish green ; some pain on micturition ; night-sweats ; bone pains, worse during the perspirations. Had a chill during night.

*Merc. sol.*<sup>6000</sup> in water every three hours for twenty-four hours and *Sac. lac.*

One week later : Symptoms all improved ; discharge diminished.

*Merc. sol.*<sup>6000</sup>, one dose ; then *Sac. lac.*

One week later : Discharge nearly gone ; feeling well ; possesses as large a stream of urine as ever. He took one dose a week of *Merc. sol.*<sup>6000</sup>.

At the end of three months passed a No. 14 bougie. No discharge. He is in good health. The bougie passed without effort. The two remedies had completely cured the stricture and the treatment was painless. Could anything have been more satisfactory ?

## BOOK NOTICES.

UTERINE DISPLACEMENTS. By S. J. Donaldson, M. D., New York. Pp. 83. Otis Clapp & Son, Boston, Mass.

This little work gives one the best idea of the relative position of the pelvic viscera we have seen. His criticisms of the diagrams contained in "Gray" and other noted works are well timed, and had this book no other merit this would suffice to recommend it to every student and physician. It abounds in practical suggestions and justly condemns the use of the pessary. Therapeutics are omitted, as he aptly states, because "it is the 'totality of the symptoms' of each individual case, duly pondered upon, that alone can guide us in the selection of the appropriate drug remedy."

F. P.

# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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## WHAT IS HOMŒOPATHIC PRESCRIBING?

Something more is necessary to this than styling one's self a homœopathic physician; something more than correct diagnosis; something more than minute doses of medicine; something more than to have graduated from a college, the adjective nominal of which is "Homœopathic;" something more, it may chance, than an honest endeavor to carry out in clinical duties instructions which the practitioner may have there received; something more than honesty of purpose, though this may well be supposed to be a constituent in every true homœopathic prescription; something more than all these combined is necessary to an answer to this question, though these may all, more or less, enter into it.

The question has been suggested by reading a report of an unsuccessfully treated case in the *U. S. Medical Investigator* of Feb. 16th, 1884. The case ought to be instructive. And here we may remark, we wish more practitioners would report unsuccessful cases, if they have them, and who, at times, has not? They are often more illustrative of principles than are reports of cures. In this respect the case with which we now propose to deal is an eminent example, as it is also of the evident honesty and sincerity of the reporter. He had also the courage to report his want of success, which we would



heartily applaud, while we remark that, as compared with reports of cases which seem inspired by a desire to display the skill of the prescriber, this, of a failure, is much to be preferred. He also has the frankness to say, "Please, readers of the *Investigator*, criticise me *severely*, and comment on treatment," etc. This is what we now propose to do, acknowledging ourselves disarmed of all disposition to "severity" by the evident earnestness and humility of the request.

The first remark we make on this report is, that the first requisite of *homœopathic* treatment of the sick is presumably absent from it. We refer to the "*totality of the symptoms.*" The symptoms given as precedent of the first prescription are so few and of such a character, we can hardly suppose there were not others coexistent with them not here given. We are, of course, ignorant of these, and of how important an influence they should have had in controlling this *first prescription*. Here is the statement of them :

"Jan. 20th I was called on to prescribe for *vomiting* and *intense* headache. I gave *Ipecac 3x.* and *Atropia 3* (in water.)\* At night was called, 12 M., to attend. She vomits and vomits. I found the pupils largely dilated, tongue furred, pulse rapid and small."

"*Vomiting* and *intense* headache"—and this is all. From this brief statement we are warranted in saying, more than a Hering or a Hahnemann would be required to say of any drug, *this* is the specific cure for the child (about nine or ten years old). Scores of drugs are recorded as having caused vomiting and headache, and unless we can have the *kind* of vomiting and *kind* of headache, as disclosed by accompanying symptoms, no intelligence can decide which of them is the specific for a case only so characterized. And in the absence of these necessary symptoms, a mere diagnosis, now so much thought of (but not too much), and so rightfully insisted on from the prescriber, is equally impossible.

The first prescription in the case is notable as describing the state of mind of the reporter, as before our law, as he understood it, viz.: *Vomiting—Ipecac*; *Headache—Atropia*. Two facts—two medicines, and a failure; whereas, the "totality," if brought to light and acted on, might have led to one, the specific, and therefore to a cure.

But there is another remarkable fact which followed the use of what some will certainly regard as unnecessarily large doses of the drugs given. *Ipecac* is followed, as stated in the report,

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\* Was this also 3d decimal? The report does not say.

thus:—"She vomits and vomits." Evidently here was an aggravation of this element of the case from Ipecac. And the result of the Atropia was not less remarkable or less threatening a fatal result, as shown in the new symptoms already developed at midnight—"pupils largely dilated, tongue furred, pulse rapid and small." Here was another development of medicinal symptoms which, like the increase of vomiting, failed to enlighten the medical attendant, either as to the nature of these increased sufferings, or the inordinate magnitude of the doses given, as appears by the report, which goes on to say—

"Gave Aconite 1x and Belladonna 1x. Jan. 21st.—No better. A. M.—Gave Ipecac 6x, two hours. P. M.—No better. Gave wine of Antimony, two drops every half hour. Vomiting stopped. Jan. 22d, 12 M.—Vomiting returned; nothing can be retained on the stomach, intense thirst, all comes up, is restless. Wine stopped. Gave Canth. 1x and Apis. mel. 2x.\*

Why Aconite and Belladonna? If the law of similars were his guide in selecting his remedies, and he were possessed of only a moderate share of knowledge of *materia medica*, he must have known that if the law called for either of these, it could not for the other. Law calls for the *most* like, and *both* could not be this, not being in their effects identical. Then, certainly, one of them was wrong, and, therefore, being a drug, *i. e.*, a *sick-making* substance, could only be injurious. So it was that Jan. 22d the patient was no better. The vomiting, which had been temporarily checked by Antimony, returned at noon,† and now the patient got Cantharis 30, and, being no better, in the afternoon got Canth. 1x and Apis. 2x.

We can see in the report no call for either of these drugs by the law. Cantharis is certainly not suggested by any facts of the case yet given, and we are left wholly in the dark as to the motive for its selection. Presumably there was no good reason, as no relief to the patient followed its use. The report goes on :

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\* No reported case which has come to my knowledge has had in it so many points illustrative of our needs of the first cardinal corollary of our basic law—the "*totality of the symptoms*." This is our *chart*, by which, and by which alone, we are to be guided in sailing our disabled charge into the port of health, our law of similars being our compass. Now, if the mariner's chart has but one point expressed on its surface, how can it be a guide to his destined haven? His compass may be perfect and his ship staunch, but what are these to his safety or success if this be the character of his chart? So it is in the absence of our therapeutic chart, and we are given up, as in the case before us, to go on *one* symptom. In such a case, to use a common expression, "*we are all at sea*." Then, therapeutically, we don't know where we are.

† Was this the result of the continued use of the Antimony, after the vomiting had stopped?

"January 20th.—No action from the bowels for three days,\* tongue now clearing off, but is turning *brown* with red edges. Thirst almost gone; gave an injection, \* \* has eaten nothing since January 15th to amount to anything. Nux v. 1x, one dose, then Apis mel. and Rhus tox."

For evidences of the medicinal effects of the first prescription, which in each succeeding report are so apparent, see Allen's *Encyclopædia*, Vol. I, article *Atropinum*. Up to this date it is certainly a question whether the sufferings from inordinate doses of drugs were not greater than from any remainder of the natural disease. And now, as if to make recovery impossible, the patient gets three different drugs on the same day, neither of them, so far as can be seen from the report, in any degree promising relief to the patient by reason of similarity. These doses were also inordinately large, and this to an extent which would certainly in a susceptible patient preclude the possibility of any re-action in the direction of recovery. They could have very little curative relation to the case, as neither of them are, so far as we know, antidotal to *Atropin*, from which the patient was all this time suffering so greatly, as well as from the added impetus to these sufferings given by the *Bell.* immediately after it. And so it happened, just as should have been expected, the report says:

"January 24th.—No better; vomiting, some thirst, restless. *Aconite* (Bœricke's) 1x, and *Rhus tox.* P. M.—More restless. Delirious at times Counsel from Ottumwa. He gave *Ipec.* 3x, *Bry.* 2x, *Rhus* 2x.† January 25th.—No better. Delirious. Strikes, bites. (*Atropine.*) Tries to change bed."

Why these three drugs again? Each had failed to benefit the patient, except *Bry.* and there was no apparent good reason for expecting any better result from adding this inappropriate one to the series of previous failures. Neither of them met the evils of the drug sickness which had followed previous ones and wrong dosing. But now was added to these symptoms of *Rhus*.

"Gave *Hellebore* tincture four gts. in three ounces of water, teaspoonful each hour. P. M.—No better. Gave *Hyoscyamus* tincture in the same way. January 26th.—Better. Gave *Glycerine* one and a half tablespoonfuls. Bowels moved in three-quarters of an hour. *Hyoscyamus* as before every two hours. January 27th.—Worse. Again *Bry.* and *Rhus.* Prognosis, fatal."‡

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\* The reporter was evidently not wholly free from the old-school superstition of "moving the bowels," which makes so large a part of the therapeutics of that school, however he may have found deliverance from other practical trash from the same source, by his homœopathic education and experience.

† The counsel evidently believed in the *shot-gun practice*.

‡ Will the reporter remember his patient was no better after this departure from homœopathic practice—"moving the bowels"? That she was immediately after worse?



It can hardly be surprising that such should have been the case. Young human nature of no more than average toughness could hardly be expected to survive such a series of such dosings. A very hardy specimen might perhaps occasionally overcome them, but to expect this from average constitutions would often be exposure to unpleasant disappointments. In the report of the 26th, which gave the first opportunity to say better, it is, from the homœopathic standpoint, fair to inquire—why not, then, leave the *Hyoscyamus* to work itself out? This would have been according to law and correct practice. Why interfere with its action further by giving Glycerine? How much had this abomination to do with the next report—*worse*? This and continued large doses of *Hyoscyamus* no doubt were responsible for this. The thought would seem to have been, the more of a remedy which has relieved the better, and the usual result of overdosing, as in case of the other drugs, was realized. She was so much better she recognized her friends. She got continued doses of *Hyoscyamus* and the consequence was :

January 27th.—Worse. Again got *Bry.* and *Rhus* [both of which had been tried and had done no good]. \* \* \* Wanted to be discharged. Would not let me off. January 28th, 29th, and 30th.—About the same. *Convulsions* were arrested by *Hyoscyamus*, etc.”

What made the patient worse on the 27th? What, indeed, but the continuance of the drug which should have been suspended when amendment followed its use, so long as that amendment continued. And what caused the convulsions? Did they have their origin in the fearful *Atropin*? This may well be, and in the absence of any other fact which can stand accepted as their cause we are left to this, which, more than likely, was the origin of this distressing symptom.

“The patient got *Colch. cc.*, and became rapidly worse. February 1st.—Back again to *Rhus* tincture, and now I gave *Aconite* obtained from Europe (German tincture from Dresden); fever dropped off on its exhibition. Patient now is drowsy, tongue clean, *eyes protruding*. Gave *Opium 6x*. February 2d.—No better. Gave cathartic. It came up in ten minutes. *Nux v. cc.* No relief. *Atropia 1x*. Patient become more straight, eyes become more natural. February 3d.—Worse, pulse slower, patient comatose, but is aroused by speaking frequently. *Rhus tox. 3, Op. 6.*”

February 4th the reporter was discharged, and his successor was an old allopathic doctor, who saw through the case at once, and found “all she needed” was “*a good physicking*,” and then “she would get along.” She got the “physicking.” She got two of them, and then on the afternoon of the 5th she “got along” out of her sufferings, and out from this world!



The reporter asks for a diagnosis of this case from the "readers of the *Investigator*." With only the report (the substance of which we have given) before us, we should say the diagnosis of the original attack is impossible. The mixed character of the case, as it progressed, became sufficiently apparent. The reporter seems to feel a degree of relief from the thought that he is "not legally bound to certify to her death." This is easy to be understood. If it were our duty to render this certification, truth would compel us to say—died from *x*, *y* or *z*, or some other unknown quantity, aided by sundry drugs taken in inordinate doses, but whether these or the original disease is to be credited with the largest share of the destructive agency is to this certifier unknown.

We remark on the practice of this case, that whatever the public or the reporter may style the professional status of this doctor, this report is utterly destitute of evidence that any one prescription in the progress of the treatment was in any particular homœopathic to the case of the sick child. If in reply to this it be asked—Is not Ipecac homœopathic to vomiting? not necessarily, we reply, and not at all in a vast number of cases. It is only homœopathic to vomiting of a certain character attended by concomitants like to effects of this drug taken by healthy persons. In this case there is no evidence of this character of the vomiting, nor of the existence of these concomitants. And then—Is not Belladonna homœopathic to headache? We reply, only to its *own kind* of headache; and this *kind* is determined as in the vomiting, by its own characteristics and the concomitants attending it. These concomitants, by the way, are often the most important indices to the specific cure. The importance, then, of a knowledge of the "*totality of the symptoms*," as writers often, and the law always, declare indispensable to a true specific prescription, becomes apparent, because in this "*totality*" is contained these indispensable concomitants. And then, *if* Belladonna or its alkaloid element were really homœopathic to the headache, or to the state of the brain revealed in part by this pain, then by reason of the similar action of the drug to this action of the life forces as affected by the morbid cause, the result of the inordinate doses of these drugs given could hardly fail of being fatal. The action of the doses being *like* that of the morbid cause, both in character and direction, it could hardly have been otherwise than that the influence of the artificial cause on the present, acting natural cause, should by this supplement of its action have carried it beyond the line of possible recuperation. Something of this seems apparent in this case by reason

of the ever-recurring symptoms of Atropine given at the first visit.

Then there appears through the case a constant thought that the benefit of the dose was to be increased by increase of its magnitude, and if a medicine had failed of the expected results, the quantity of the dose was increased. This idea is *old school*, and with it Homœopathy has no affiliation. The benefit of *homœopathic* doses is only increased by a more perfect likeness, and not by increase of quantity at all. Increase of quantity, as we cannot but suspect in this case, may have much to do with hastening and insuring fatal results. And these, it may not be out of the way to remark, are altogether too large a price to pay for the sham heroic affected by some, who seem to give large and frequent doses to the sick to show they *are not afraid of them*.\* If they are not, their patients have the strongest reasons for being so. These and their doctors ought to know that these poisonous doses of drugs are not necessary to any cure, and, more than this, that smaller and innocuous doses cure much better, *i. e.*, more speedily, safely, and in much larger proportion. Doctors ought to know that these large and poisonous doses are never necessary and seldom useful, and homœopathic doctors, when resorting to them, that they have gone beyond the realm of genuine homœopathic practice, and true Homœopathy will not be held responsible for the results of this resort to old-school ideas and means by whomsoever practiced.

If we recur to the question at the head of this paper, with a view to its answer, we say homœopathic prescribing is ever and

\*It happened many years ago that a patient of the writer passed from his care to that of a doctor who had, by the importunity of a friend of the patient, been called as a consulting attendant, the case being one of incipient phthisis. Some three days after the Doctor had assumed charge of the case I accidentally met him and inquired for the present condition of the patient. After answering as to this, he gave me the prescription he had left but a few minutes before. It was tincture of Ipecac, one teaspoonful in a wineglassful of water, a teaspoonful of which was to be taken every two hours. He gave me this gratuitous piece of information with an air of bravado, which said as plain as words could that he was not afraid. The second night after this my bell rang violently, and I was requested to go to the young lady as "quick as possible." When I reached the house the patient was dead. A gushing and copious hæmorrhage had saved the poor girl the experience of lingering suffering, through which phthisical patients usually come to their end. This, if it were a good, was all that resulted from this practice. The Doctor, most likely, was not instructed by this outcome of his rashness. But soon after this he found out, somehow, that Homœopathy wouldn't do, and he went over to the old school, not being able to practice a successful Homœopathy, where he is still a shining light of the sort sometimes described as a *lucus a non*.

only solving the problem of the specific curative for each individual case of sickness as it is presented for treatment. It is always a *practical* fact, and not necessarily, in any degree, a matter of theory. Whatever of theories may be entertained as to the nature of the sick-making power, its mode of action, or of the results following, or of the nature of the curing force, its mode of action in effecting the cure, or of the sum of it required for the speediest and best accomplishment of this, the fact remains that for the discovery of this force we have to do with plain, simple facts, and not with theories at all, and any mixing or attempting to mix whatever of theories with the search for the specific is only a detriment to all best interests involved, and an active contributor to probable disappointment. The search for the specific (homœopathic prescribing) is always a simple affair, *i. e.*, simple as opposed to complex. It always, and in all cases, deals with plain, *known* facts, and excludes all of the nature of guessing. On the one side the facts of the sickness (the *totality* of the symptoms, to which we have so often to recur, and which sometimes are so difficult to draw out), and on the other, to find in the facts of the *materia medica* the most exact likeness to those of the sickness, which, when found, the whole duty of the homœopathic prescriber is done, when he has given the drug so found, and managed its use according to the wise directions of the great master. This is homœopathic prescribing, and nothing else is. Any attempt to mix with this any other science, no matter of what value, is only a damage to our great, simple, and beautiful science of therapeutics. It needs no help whatever from other sciences outside itself. God made this science, the practical application of which we have attempted to describe, in itself, equal to the needs of all healers. What is most like? Find it and give it, and this is *homœopathic prescribing*—which that in the report we have reviewed certainly was *not*.

P. P. WELLS.

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### SWAN'S NOTATION.

MR. EDITOR:—In response to my request to be shown if I was in error in my paper entitled "The Reason of the Faith that is in Me" my friend, Dr. Deschere, of this city, informs me that Hempel's translation of *Chronic Diseases*, so far as my quotation concerning the trituration of Mercury, is not correct. He says the correct translation is, "one grain of purest liquid Quicksilver has to be trituated with three times one hundred grains of sugar of milk for over three hours to have it one mil-



lion times diluted in powders, etc., \* \* \* as is taught at the end of this part, with regard to developing the power of other drug medicinal substances." The first paragraph without the last might be construed to mean that the trituration was to be made in accordance with my inference from Hempel's translation. Assuming that Dr. Deschere's translation is correct (and as he is a ripe scholar I have no reason to doubt it), the idea that my notation of potencies is sanctioned by Hahnemann is dissipated.

But my assertion still holds true, that the peculiar mode of potentizing medicines gives no clue to their therapeutic effect, that knowledge being only acquired by experience.

SAMUEL SWAN.

## THE ANALYSIS OF FINCKE'S HIGH POTENCIES BY THE AMERICAN INSTITUTE.

B. FINCKE, M. D., BROOKLYN, N. Y.

*Audiatur et altera pars.*

The Chairman of the Bureau on Microscopy and Histology of the American Institute presented in his report at the session of 1883 three analyses of my high potencies which I propose to criticise as to their correctness and corresponding value.

1. *The samples did not come from me.*—The first analysis is that of "Calc. phos. CM potency from Fincke," and calls for the preliminary question: Where did the analyst obtain that potency? Not from me direct. Then it must have been furnished through somebody else. If the analysis shows any impurities in the sample under examination, as is indeed the case—for the analyst found in this CM potency enough of Silica, Phosphate of Lime, and Iron for a sixth decimal potency—it must be proved that the potency in question came from my hand, and was not dabbled with on the way to the analyst. The following demonstration will raise the suspicion that something must have happened to that potency. If my high potencies are grafted and sold for genuine all over the land, as I can prove, I cannot be made responsible for such practice.

2. *An unaccountable quantity is used.*—My high potencies are all given in the one form of half-drachm vials (so-called, for they are nearly one drachm), containing about forty-two grains of medicated globules, two hundred and five to the grain. But the quantity incinerated by the analyst is ten grams, which amounts to about one hundred and fifty-four grains. Whence



came the surplus of one hundred and twelve grains? I prepared Calc. phos. Cm in 1870 and since then four vials in all have gone into the possession of others, here and in England. All these four vials combined would make about one hundred and sixty-eight grains, and here one hundred and fifty-four grains have been used for analysis. Hence this analysis will have to be extended to the source from which the subject of it was obtained.

3. *The methods of testing the residues are not given.*—The analyses of the high potencies do not show the methods employed after incineration, since only the result as to quality and quantity is given. This, of course, precludes any criticism in this direction.

4. *On the Silica and Phosphate of Lime found in the sample.*—After incineration of ten grams a residue of 0.0019 gram is found, consisting of Silica and Phosphate of Lime enough for the sixth decimal, and of Iron 0.00004 gram, enough for the sixth decimal. From what source this Silica and Phosphate of Lime has come is not for me to explain, because I am innocent of it. I know that when I started the fluxion with a drop of the sixth initial potency of Calc. phos., which in the opinion of the analyst would represent the billionth grain centesimally, there could not have been any larger amount of Calc. phos. in it than the one billionth of a grain. As to the Silica, I am at a loss to see where that could have come from. There is nothing to account for it, neither in the preparation of the first six initial potencies made by hand, nor in the fluxion process following. The impurities, therefore, could have no similar source as those shown in the analyst's previously given analysis of sugar of milk, triturations, and pellets.\*

Where the Iron came from is explainable by the fact that it appears in all three analyses, and also in those previously given, with nearly the same amount, which points to a common impurity of the pellets, but not to an impurity of the potencies. Finally, the possibility that the original crude substance from which the potency was made might have contained these impurities in an infinitesimal amount can hardly be adduced as a proof that this analysis of the CM is correct which finds in it enough for the sixth decimal—even two and three times enough. The justness of the rejection of this analysis must be still more evident to the

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\*Some of my pellets of Calc. phos. CM have been tested spectroscopically and no line was found in the spectrum except the faint sodium line from the atmosphere.

analyst himself, when it is remembered how the fluxion method has been assailed by his friends for the reason that every particle of medicine contained at first in the potentiating vial is washed out entirely, so that from a certain period nothing remains but water to the end. If there is any value in this view, it is that it is contradictory to the analysis of "Calc. phos. CM from Fincke."

5. *The analyses prove the purity of my high potencies.*—The following two analyses of Arsen. a. M and Merc. viv. Cm confirm the valuelessness of the same for showing impurities in the high potencies. They show only traces of Iron, enough two and three times for the sixth decimal. Traces of Iron to a similar amount have also been discovered in the pellets from other sources which had not been medicated. There is then, as it seems, the fault with the pellets. And as no other substance was found in my high potencies, the inference is that they were pure and contained nothing but the potency, and thus these analyses prove the contrary of what they intend to show.

6. *The manufacturers' judgment of the analysis of the pellets.*—Now, these globules have been manufactured by the old and celebrated Clarkson Homœopathic Globule Company, in Troy. Their fabric has always been the most pure and satisfactory for the purpose of administering homœopathic remedies.

"Our globules," they write to me, "are made of pure cane sugar and nothing else. We use the very best and whitest we can obtain, and manufacture nothing else. We have a light and very clean manufactory on the river-bank and use the greatest pains to give the doctors a good and reliable pellet. As far as we know no iron is used in the manufacture unless it is the poker he rakes his fire with, or the tin roof. We should think a doctor carrying his investigations so far would meet obstacles at every turn. The water that is put in gruel or beef tea must have an effect much greater than the impurities in the sugar. We know how important it is to have medicine and the globules free from impurities, and we use our utmost endeavors to have them so. The vessels we use are of copper, and we think there is nothing about them that could have an effect."

This is an unsophisticated judgment of the analysis in question.

7. *The chemical tests of the pellets show a very faint trace of Iron.*—A very faint trace of Iron, however, is found in the pellets from Clarkson (which I commonly use) by the following chemical tests of Mr. C. George Seiboth, assistant of Mr. A. Grund, analytical chemist, 121 Front Street, New York.

The test tubes were first cleaned and thoroughly washed with distilled water, and on testing them chemically they were found to be perfectly clean.

*First Test.*—About fifty grains of pellets were dissolved in sufficient distilled water to produce a concentrated solution. This

solution was then attenuated by adding more distilled water in a test tube. A few drops of chemically pure Nitric acid were added and the mixture was boiled over a Bunsen burner. On adding to it the Sulphocyanide of Potassium, a very pale pink color was observed, proving the presence of Iron.

*Second Test.*—The concentrated solution of sugar pellets treated by attenuation with distilled water as before, gave on addition of the yellow Prussiate of Potash a faint trace of a very pale greenish-blue color, confirming the former test.

The trace of Iron claimed for my high potencies by the analyst of the Institute, then, comes from the sugar of the pellets which have been medicated with them.

8. *This trace of Iron is not an antidote to the potencies.*—The inferences drawn from the presence of such a minutular trace of crude Iron in the pellets must be rejected as unjustifiable and false. For, if such pellets have been used as vehicles for the potency which is to be administered to the patients, they can in no way affect the potency. The potency has been carried up to the high degree desired *lege artis*, and preserved in alcohol. Of this alcoholic tincture a few drops are added to the globules in a half-drachm vial, which by capillary attraction soak the fluid into their substance. To make out that the amount of 0.000-002 gram of crude Iron act as antidote to the millionth centesimal potency of Arsen. a. is as preposterous as to say that the crude Iron contained in our drinking-water to a much greater amount, in which we dissolve a few pellets of this remedy or of Merc. viv. Cm will neutralize their effect, because the Sesquioxide of Iron is an antidote to Arsenic poisoning, and Iron is said to be an antidote to Merc. viv., which is to be proved yet.

9. *A fraction of crude substance is not a homœopathic potency.*—It appears that the analyst has as yet a crude idea of potentiation when he maintains that such a minute fraction of crude matter as 0.000002 gram be equal to twice enough for the sixth des. or third cent. He seems to think that a millionth part of a gram is the same third cent. potency, as if a grain of that substance is attenuated by means of an inert vehicle in the proportion of one to hundred three times under the manual assistance of trituration and succussions according to Hahnemann's rule. The analyst to see his error would have to try a simple one-millionth grain of crude Iron of his own preparation without vehicle upon a suitable subject and see what it will accomplish, and then, as a counterpart, test a third centesimal potency prepared according to Hahnemann, and he would mark a difference. The difference would be still greater in the higher potencies and he would find



that it is as inadmissible to call a millionth grain of crude Iron the sixth dec. as a decillionth of it the thirtieth centesimal potency.

10. *A seven-hundred-millionth of a grain of crude Iron is insignificant in a pellet used as vehicle for high potencies.*—Besides, this manner of calculating the impurity contained in the vehicle as a fifth or sixth decimal potency is not correct. If there is sense in it, it is, that these potencies are extant only “*potentia*,” not “*actu*.” The analyst figures them out in his brain, but they are not in the potency which he is analyzing in reality; they are only a figment of his brain and have only psychological reality. The use made of it, in order to make the higher potencies appear lower than they are, is not justified from a scientific standpoint.

Assuming that the pellets contain in one grain the largest quantity given in the analysis of my high potencies, 0.00004 gram, how much will that be upon one pellet given to the patient for a dose? One vial contains 42 grains of pellets, at 205 a grain; hence the vial contains 8,610 pellets.  $0.00004 \text{ gram} = 0.0006168 \text{ grain}$ , divided by 8,610 pellets, give, therefore, for one single pellet, the formidable weight of 0.00000007 grain of crude Iron. Is it worth while to cast a shadow upon high potencies by pretending that the one pellet contains an impurity of seven-hundred-millionths parts of a grain of crude Iron—enough, in the opinion of the analyst, for a fourth centesimal potency, antidoting the medicine for which it is used as vehicle—when we take much greater quantities daily in our food and drinking-water? And what quantities do the analyst and his friends use in their daily practice?

If the analyst is correct, he must prove that when a Cm is given, together with the drinking-water, this seven-hundred-millionth grain of crude Iron will antidote the potency (M), and hence contaminate its curative and probative effects.

The difference in magnitude (or minuteness) and condition between a seven-hundred-millionth grain of crude Iron in a dose of one pellet and a Cm, expressed by a decimal fraction with two hundred ciphers and a M with a decimal fraction with two million ciphers, is so great that the assumed significance is quite insignificant.—*Matth.* 23, 24.

11. *Inadequate application of the analysis of crude sugar of milk and triturations to my high potencies.*—It need hardly be pointed out that “the analysis of Calc. phos., sixth decimal triturations,” and “the impossibility of accomplishing the higher triturations of Phosphate of Lime, using sugar of milk as the triturating vehicle,” has been made use of only to throw suspicion on the preparation of a Cm of the same remedy by Fincke.



They have nothing whatever to do with it and are put in this place—where they do not necessarily belong—merely for effect.

12. *Cane-sugar is not a vehicle in potentiation by fluxion.*—The application of the analysis of sugar of milk upon the use of cane-sugar as a vehicle in the higher potencies, ingenious as it may be, is likewise by no means justifiable. For the analyst, as a homœopathic physician, must know that cane-sugar is not used as a vehicle in preparing the higher potencies, such as sugar of milk, water, and alcohol is used in the process of potentiation. In fairness he ought to have said: "In the higher and lower potencies;" for the use as a vehicle in the higher potencies is in no way different from its use in the lower potencies. Nay—in the lower potencies its application in large quantities is much more marked; not only globules are used, but globes, lozenges, disks, tablets, and what not—such as we do not use in the practice with high potencies, where we avail ourselves of the beautiful Hahnemannian invention of the smallest globules, of which only a minute quantity of one or more are given for a dose.

13. *The investigation of sugar of milk triturations, cane-sugar, and pellets is to be encouraged.*—In the foregoing I have only examined the remarks of the Chairman on microscopy as far as he has analyzed my high potencies. The rest of his investigations concerns the crude sugar of milk and the preparations of the lower potencies in the form of decimal triturations with sugar of milk up to the thirtieth, such as are bought in the shops. It is very laudable that this time the names are given, so that everybody knows where to get the best sugar of milk and triturations made with it.

By all means let this investigation go on. This is the legitimate task for those who adhere so far to the freedom of medical opinion and action as to apply in their practice crude substances and low potencies, decimal dilutions and triturations. It will probably ultimately lead to the preference of high potencies which are not loaded down with the manifold impurities which the diligent analyst of the Institute has encountered. They are products of the natural evolution of the Hahnemannian ideas, which are founded, not upon the physical sciences, but upon the laws of life.

*Ceterum censeo, macrodosiam esse delendam.*

THE FIFTH ANNUAL MEETING OF THE I. H. A.—The Fifth annual meeting of the International Hahnemannian Association will be held on Friday and Saturday, June 13th and 14th, 1884, in Washington, D. C., in the parlors of C. Pearson, M. D., No. 611 Twelfth Street, Northwest, commencing at ten o'clock A. M., Friday.

GEO. F. FOOTE, M. D., *President.*

## “WHITLOW.”

C. CARLETON SMITH, M. D., PHILADELPHIA.

A short time since a lady came into my office and handed me a little package, which, on being opened, revealed to my astonished gaze the first and second phalanges of the fore-finger of her left hand.

“This,” she said, holding up the remaining stump of the member, “is the result of allopathic treatment of a felon, with which I have suffered perfect torment, not only from the painfulness of the disease itself, but also from six repeated lancings at the hands of my physician; and after all, I am maimed for life.”

As I held these necrosed bones in my hand and listened to the sufferer’s pitiful story, and beheld the mangled suppurating stump which was all that was left to her as a reward for her endurance of so great torture, which she so patiently suffered under promise of a cure by so-called scientific treatment, my mind wandered back to the past and recalled an article which bears directly on this subject, written by von Grauvogl in 1861.

These are his words, which I quote in full:

“If a physician of the physiological school is called to a patient, who shows him a finger with the extreme phalanx swollen all around, deeply reddened, very painful, on the roof of the nail already formation of pus, he will, as he supposes that each and every paronitium has to be put over the same last, without hesitation, run the lancet in and order poultices. This is all he knows. Now the suppuration spreads in spite of all, breaks through the joint, and appears on the inside of the finger. This gives him a chance to make a deep, long incision there also, out of which, finally, the phalangeal bone, in a necrotic state, has to be taken out.

“Homœopathy teaches differently. The homœopathician inquires about concomitant circumstances. Suppose, now, he finds the patient is looking sickly and pale; in the morning feels weary and dull in the head; complains of having no appetite; evening chilly and feverish; the pain in the finger is rather better out-doors than in-doors; and the physician, examining this, finds as a permanent cause very damp walls, or a damp cellar, what can the physiological doctor do but poultice and cut, in spite of frequently experienced unfavorable results?

"If, after a few days, the homœopathician finds a blister on another finger of the same patient, and if, on inquiry, he ascertains that this also has been the case with the now suffering finger, still the physiological doctor does not know what to do with all this anamnesis but to poultice and cut as soon as possible. But homœopathicians are led by these concomitant circumstances to compare the provings of Natr. sulph.; give it in homœopathic doses, and in a few days both fingers will be well, as I can confirm by my own practice. Neither poulticing nor cutting will help, and, as I have also experienced, neither *Ledum*, *Ars.*, nor *Silicea*.

"There is a paranitium from external hurts, and there is one from the remaining consequences of other external causes in the interior organism. Among other remedies for the paranitium, we have the *Ledum* and *Silicea*; the use of both has shown that *Silicea* will cure the interior consequences of external causes and not those of external injury. *Ledum* has been proved to cure pure consequences of injuries, but only in the first stage.

"If *gangrene* has already set in *Ars.* will cure. In both, the so-called physiological school has possibly to wait for a spontaneous exarticulation, or else make an amputation. In the latter case they would not even be able to prevent the death of the patient."

Comparing the results of this barbarous treatment with those of Homœopathy, how benign is the method of *similia*, and how universally successful is the curative result when we follow the teachings of the master; and with what confidence can we promise to our patients, thus afflicted, a cure without resort to the knife, and without shedding a drop of blood.

Besides the remedies spoken of in the above article, there are others which we will here consider, and which in our experience have, when given according to their indications, been found entirely reliable, bringing quick relief to many a sufferer, and eliciting also their admiration and their thanks, for a method of cure so mild, and which accomplishes its end with perfect freedom from after deformity.

These remedies which I have found so uniformly successful when properly used, and which seem to be frequently called for, are as follows: *Apis*, *Nux*, *Hepar*, *Sepia*, *Dioscorea vil.*

If an *Apis* case presents itself for treatment, we find these two symptoms always present: first, a *burning stinging* pain; second, the affected part is *hard* and has a *white, sickly, bleached-out* appearance characteristic of a bee-sting.

If a *Nux* case falls into our hands, we find these symptoms



prominent, viz. : the suppuration is in the *palmar* surface of the finger or a thumb as the case may be, pain *throbbing*, with sometimes *burning*. The throbbing is always aggravated by *warmth*, and letting the member *hang down*, and also worse in the *evening* after sundown; amelioration in bed.

If we meet with a case requiring Hepar (that much abused drug) we will find a decided *yellow color* of the skin, and the pus can be plainly felt beneath it as it is displaced by gentle pressure; there will also be present *throbbing*, and the patient cannot bear the weight or pressure of a poultice.

If we have a Sepia case to contend with, these symptoms must present themselves as our guide: *itching* with *throbbing*, *shooting* and *burning* at intervals or alternately; the part is *dark-red* and pus is visible.

A Silicea case always has *tearing pains* as if the bones would actually be torn out, preventing all sleep; and it is the first remedy to think of in patients who suffer from chronic foetid foot-sweat, or who are continually raising crops of boils.

We must think of Dioscorea vil. if the whitlow is found in the middle finger of either hand with a sensation as of a *brier* imbedded in the palmar surface; with tenderness on pressure similar to Hepar, though not so marked, and sharp pain not only in the affected portion, but flying from one finger to another.

Ledum is very apt to be the proper drug if we find out that the paranitium has been caused by pulling off abruptly a hang-nail.

In old cases which have come to us through other hands badly maltreated and in a gangrenous condition, emitting an intolerable odor, Dr. von Grauvogl relies upon Arsen., but my experience has led me to place *Lachesis* first before Ars. and it will be found that scarcely any other remedy will be needed in such a condition.

While preparing this paper a very intelligent lady entered my office, seeking relief from a whitlow, which was forming very rapidly on the palmar surface of the first finger of the right hand, pus already beginning to form with intense throbbing, swelling, redness, and acute darting pains. My first question was, "How did your finger get into this condition?" The answer was, "Well, very foolishly, I tore off a hang-nail that has been giving me a good deal of trouble, and this condition of things immediately followed." This lady had a felon once before and she begged to be saved from going through so much suffering again if possible. I told her that it was more than possible, and advised her not to apply anything in the shape of a poultice to



it, but simply suspend the hand in a sling and take the powders I prescribed for her. In less than forty-eight hours my patient reported, and exhibited the suffering member almost well, the throbbing heat and pus almost completely gone. The remedy was *Ledum*<sup>200</sup>.

These, then, are some of the principal remedies with their characteristic indications grouped together for the benefit of the doubting Thomases in our ranks; which I ask them, in all honesty to faithfully test, as I have tested them time and again. For I can assure these brethren of little faith, that if they will but be true to Homœopathy, Homœopathy will be true to them.

## KALI BICHROMICUM.

PROFESSOR J. T. KENT, A. M., M. D., ST. LOUIS.

The following symptoms have recently been cured by Kali bichrom. They are found under Kali bic. in *Allen's Encyclopædia of Pure Materia Medica*, page 237:

Weakness of digestion, so that the stomach was disordered by any but the mildest food (chrome washers). Incarceration of flatulence in stomach and whole lower portion of abdomen. (Zlatarovich.)

Great feebleness of stomach in the morning. (Lackner.)

Feeling of emptiness in the stomach, though want of appetite, at dinner. (Marenzetler.)

Feeling of sinking in the stomach before breakfast. (Dr. R. Dudgeon.)

The patient wakes in the night with great uneasiness in the stomach, and soreness and tenderness in a small spot to the left of the xepheid appendix, which is very similar to symptoms in Drysdale's proving.

Sudden violent pain in the stomach, in its anterior surface, a burning constrictive pain. (Zlatarovich.)

The same patient complained of repletion after a mouthful of food, and he had taken *Lycopodium* without benefit.

There was also cutting as with knives, and he was unable to digest potatoes or any starchy food.

There were no catarrhal symptoms of nose or chest, and no thick, ropy, mucous discharges, therefore Kali bich. was neglected. The stomach symptoms alone guided to its use, as he had no other symptoms of importance.

The relief is marked, and I think permanent.

It will be seen that I have made use of the language of the prover mostly, as it so perfectly describes the symptoms of the patients.

In looking over the proving, the patient underscored such symptoms as he had suffered from, and the remedy was furnished on these symptoms, which really lends value to the provings. Especially are these provings the more beautiful, as they are by several provers.

## OVER-FEEDING AND SUMMER COMPLAINT.

DAVID LITTLE, M. D., ROCHESTER, NEW YORK,

*Visiting Physician to the Rochester Orphan Asylum.*

The object of the little I have to say is not to propound any new thing pertaining to the nature, cause, prevention, or cure of the enteric diseases included under the popular name, summer complaint.

It is solely to emphasize a single factor in their production, under the belief that by giving it the prominence it deserves a rational way will readily suggest itself of meeting and repulsing this slaughterer of the innocents.

It is unnecessary for my present purpose to describe the various digestive disorders that are comprehended under the name of summer complaint.

Attention is simply called to the conditions that obtain in their causation. Text-books and the common experience of physicians give for answer :

Urban life, artificial food, summer heat.

Of course, each one of these three includes and entails a multitude of debilitating agencies, but in the main they cover the whole ground.

They make frightful havoc, and when we consider how, acting together, these allied forces of evil are multiplied and intensified in their maleficence, we can only wonder that so many escape their onslaught.

Moralists tell us the first step downward is the one to guard against, and this is true physically as well as morally.

This brings us to the pith, how to guard against indigestion. Answer, *avoid over-feeding*. To avoid wrong or improper feeding goes without the saying ; medical books and medical heads are full of it, and as a result, infant foods of numberless designs and kinds are concocted, advertised, and given, with various results.

Each physician in each case must, taking human milk as his model, get as near to nature as possible, and "fight it out on this line if it takes all summer" (and it generally does).

Over-feeding, it seems to me, in military parlance, is the key to the position. This, in my belief, is the bane of bottle-fed children.

Look at it: The doctor is called to a case of summer diarrhœa. He prescribes, and leaves instructions as to what food to give and how often, and adds, "Keep the child well aired, clean, cool, and quiet," and goes on his way, thinking he has been specific enough.

Now, what does the child's attendant do? That last injunction about keeping the child quiet makes a major impression, because this same quiet consorts with her own comfort. The child cries and must be quieted, and the ready bottle is its comforter. Through the day that other injunction about feeding only so often acts in a measure as a deterrent; but the long night comes, and the tired nurse or mother needs quiet, too, and now the bottle becomes a duplex comforter. Filled and refilled, it is kept to the child's lips.

A stomach that has no rest gives up, or gives out.

A fundamental principle in the treatment of disorder of any organ is to give it a rest. In the case of digestive misdemeanors nothing is so effective as to starve the offending viscera into good behavior. And this plan, at first thought so abhorrent to the fond mother, or indulgent (*or indolent*) nurse, may be made feasible by a simple explanation. Tell her the child cries more from thirst than from hunger. Lay down inflexible rules about amount of food and times for feeding, but give her *carte blanche* to water the infant as often as it cries. Tell her hot weather induces perspirations, and that as surely and in the same way as waste makes wants, sweating makes thirst.

This sounds plausible, but the doctor of to-day is a skeptic and wants evidence. My experience is limited and my figures are few, but it is believed that they are significant if not convincing.

For twenty-one years I have been a physician to the Rochester Orphan Asylum. Each of these years had witnessed deaths from enteric diseases until 1882.

In the early summer of that year I said to the matron, "Feed your babes but once in three hours during the day, but give them water to drink as often as they will take it."

The summer came and went, and when frosts appeared I congratulated her on the good results of our plan; not a child had died, and no serious case of diarrhœa had occurred.



"Yes," said she, "but it seemed cruel to feed these babes but three times a day."

*She had actually carried out my instructions to the letter as she had misunderstood them.* Instead of once in three hours, she thought I had said three times a day!

On the following (that is, last) summer the plan was carried out, giving the infants food once in three or four hours, according to age, during the day, and an additional meal in the night if the child awoke and would not be quieted with a simple drink of water.

The same immunity from summer complaints ensued as in the previous year, with two exceptions, and these exceptions emphatically proved the rule.

They were children of tubercular parents, and because of scrofulous manifestations were removed to the hospital, then empty, in the upper story of the building. A nurse was detailed from the hired help. Soon these infants became dyspeptic, intractable gastro-enteritis followed, and in a few days they died.

Inquiry elicited the fact that the newly made nurse had kept a bottle every night and all night in their mouths, for, as she declared, she could have no peace without. In legal parlance, it is submitted that a case is made. That is, that rest for the stomach may be obtained by recognizing thirst more than hunger as a summer want, and thus, by prolonging the intervals of feeding, preventing indigestion and its deadly train of attendants.—*Am. Journal of Obstetrics, etc.*

## PROF. EBSTEIN'S DIET FOR THE CORPULENT.

The annexed bill of fare is that proposed by Professor Ebstein for an average case of corpulency, the invalid being supposed to be forty-one years of age and having suffered from increasing stoutness for twenty-five years. The disease is supposed to be contracted by insufficient bodily exercise, a diet consisting of such things as are hurtful, among which are named all sweet dishes and those containing much albumen and those devoid of a sufficient quantity of fat.

Breakfast.—A large cup of black tea without milk or sugar, fifty grams of white bread or toasted brown bread, with plenty of butter.

Dinner.—Soup (frequently and with bone marrow), one hundred and twenty to one hundred and eighty grams meat, boiled or roasted, with fat gravy—fat meat being preferable—a small quantity of vegetables, particularly leguminous, but also all kinds



of cabbage. Turnips are excluded because of the sugar contained in them; potatoes are altogether excluded. After dinner some fresh fruit, when in season, as dessert; a salad or baked fruit without sugar; two or three glasses of light wine. After dinner a large cup of black tea, without milk or sugar.

Supper.—In winter regularly, in summer occasionally, a large cup of black tea, without milk and sugar, an egg or some fat roast meat, or both, sometimes fat ham, smoked or fresh fish, about thirty grains of white bread, with plenty of butter, and occasionally a small quantity of cheese and some fresh fruit.  
—*Ex.*

## THE MINUTES OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

SYRACUSE, N. Y., March 20th, 1884.

The Central New York Homœopathic Medical Society met in the office of Dr. Wm. Hawley.

Present—Drs. Besemer, Hawley, Seward, Emmons, Brewster, and Nash.

The president and vice being absent, Dr. Seward was chosen chairman and Dr. Nash secretary *pro tem*.

Minutes of last meeting were read and approved.

Dr. Hawley read the resignation of the secretary, C. P. Jennings, which was accepted. Dr. Hawley also suggested that the election of a new secretary be postponed until next meeting. It was postponed.

Dr. Julius Schmidt presented a paper to the Society, entitled "Pathology Applied," which was read by Dr. Hawley. It was received with a vote of thanks and referred to the Publishing Committee, who ordered its publication.

Dr. Nash reported two cases of diphtheria cured, one with Apis, the other with Lycopod.

Dr. Brewster cured a case in which the symptom which guided him to the selection of Apis was alternate sweating and dryness of the skin; also one with the following symptoms: chilliness, violent pains in back and head, wants hot drinks, whines and finds fault with everything. Cured with Lycop.

Dr. Hawley reported a case of shingles (in himself), pains, burning, and itching, worse nights, nine to three o'clock. Cured with *Rhus. tox.*<sup>75m</sup> (Fk.).

Dr. Hawley reported, verbally, a case of typhoid fever. Face mahogany colored; temperature, 103; dry, red tongue, with

triangular, red tip. *Rhus. tox.*<sup>30</sup> in repeated doses brought no improvement, but in the 75m rapidly cured.

Dr. Nash—Would not the case have recovered the same if the 75m had not been given, but the 30th withdrawn simply.

Dr. Hawley—Don't know, but think not.

Dr. Nash had a case of post scarlatinal dropsy, which rapidly recovered on *Hell. nig.*<sup>33m</sup>, after the low had been given without any apparent improvement.

Dr. Brewster reported a case that had taken Quinine for chills and fever for a long time. Chills came at ten A. M., lasting two or three hours, followed with fever lasting three to six hours, with violent thirst, numbness of the legs, with almost loss of power in them, dullness of left lung, and severe cough; was pronounced as being incurable and as having consumption by old-school physicians. Chills cured, thirst relieved, cough mitigated, and appetite improved by a single dose of *Nat. m.*<sup>2c</sup>.

Dr. Besemer cured a case of so-called malarial fever, which had been a long time under the care of Dr. Van De Wasker, of this city. She came to his place on the cars bolstered up with pillows. Guided by the time of chills, thirst, headache, fever, and fever blisters upon lips, *Nat. m.*<sup>co</sup> was prescribed and patient cured in one week.

Dr. Hawley presented and asked for advice in the treatment a case of paralysis agitans of the right arm in a lady sixty years of age, also complains of numbness and pain in nape of neck running down the back.

Dr. Seward advised Mercury.

Meeting adjourned.

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## HAHNEMANN MEDICAL ASSOCIATION OF LOUISIANA.

At the annual meeting of this association of homœopathic physicians, held April 10th, the following officers were elected: President, S. M. Angell, M. D.; Vice-President, W. Bailey, Jr., M. D.; Recording Secretary F. Engelback, Esq.; Corresponding Secretary, C. J. Lopez, M. D.; Treasurer, Chr. Sanders, M. D.

It was resolved at the same meeting to organize an academy or institute of all homœopathic physicians in the South, the same as exists in the North and West. A meeting for this purpose will be held in this city some time next winter, and a large attendance is expected.

## ALTHÆA OFFICINALIS.

The *Althæa officinalis*, or marsh mallow, belongs to the natural order *Malvaceæ*, and is to be found growing plentifully in most European countries. On the Continent, especially in France, it is highly esteemed for its demulcent properties. Both the leaves and roots are used, and are given internally for various affections of the mucous membranes. A favorite remedy in France for sore throat is *pate de guimauve*, which is a kind of lozenge made with mucilage of althæa, gum-arabic, sugar, and white of egg. Recipes for a decoction and sirup of althæa were to be found in the old London pharmacopœia. In this part of the country the ointment is the favorite preparation, and is made by cutting the fresh leaves into small pieces, stirring them together with lard, and boiling the mixture for half an hour, after which process it is strained through muslin or through a common kitchen strainer, and is then ready for use.—F. C. BERRY in *Birm. Med. Review*.

This drug has also been used in treatment of eczema. A proving might bring forth new virtues.—EDITOR.

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## “THE AMERICAN INSTITUTE OF HOMŒOPATHY.”

F. R. McMANUS, M. D., BALTIMORE.

In the March number of *THE HOMŒOPATHIC PHYSICIAN* appeared an article, with the above title, from the pen of our justly distinguished colleague, P. P. Wells, M. D., of Brooklyn, New York, giving an account of the object for which the Institution was established, and was to be perpetuated, and stating, fearlessly, and truthfully, its short-comings. I agree with Dr. Wells in all that he has written upon the subject.

In the year 1837 I had the good fortune, after having been occupied eight and a half years in practicing medicine according to the theories and practices of the then dominant school, to have commenced an investigation of Homœopathy, which investigation I have continued, unremittedly, ever since. After having been thus engaged for seven years, I received an invitation to attend a meeting of homœopathic physicians, to be held in the city of New York, and to form what has been known as the “American Institute of Homœopathy.” I attended, and am happy and proud to say that on the 10th day of April, 1844, I



was one of the twenty-three who commenced that successful undertaking. All are acquainted with that success—Homœopathy's enemies as well as friends. At its formation the material founders were unquestioned homœopathists—*Hahnemannians of the true grit*. If that glorious Institute has not fulfilled its destiny, and the expectations and requirements of many of its truest members and friends, it may be attributed, largely, to the great desire that has prevailed of rather increasing its size than to have had the more important object in view, the mental, literary, and medical capabilities of its applicants for membership. It may here be asked—"for what purpose the Board of Censors?"—I have attended every meeting of the Institute, far and near, since its formation, *but one*, and at every meeting have been honored with the responsible position of a member of the Board of Censors *but one*, and have always regretted the want of knowledge of the proficiency of applicants for membership by the Board of Censors. Under the mode of application for membership, every applicant is required to have his or her application guaranteed by three members of the Institute, for his medical diploma, name and location of the college of which he or she are graduates, and the year of such graduation, his moral and professional standing, etc. The Board of Censors are to be satisfied of the applicant's knowledge of Homœopathy, and then to recommend his or her election to membership. In regard to the first requirement, any physician (member) can obtain the indorsement of two others, who do so *as a compliment and know nothing of the status of the applicant!*

As regards the requirements of the Board of Censors as to the applicant's knowledge of Homœopathy, in nine cases out of ten the applicants do not appear before the Board of Censors, or before the Institute until elected, and no idea can be had of the applicant's eligibility in any respect. Again, of late years very many young physicians who may have had diplomas for about two or three months, who have really no knowledge of what system they will be the practitioners, and are applying for the testimonial of the great American Institute of Homœopathy to their moral and social and professional standing and as experts in Homœopathy, when they do not understand its first principles or the application of those principles to practice.

It can now be easily understood what an opportunity the American Institute of Homœopathy has offered to many to impose on the credulity of their several locations; to cover their ignorance or cupidity. They glory in the name of homœopathists, but are of that sensible class who, alone, are rationalists.



The Board of Censors require that every application for membership shall be in the handwriting of the applicant, and *that every member who indorses his eligibility shall have a personal knowledge of the applicant and the facts to which he attests.*

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## CLINICAL BUREAU.

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### CICATRIX REMOVED BY MEDICINE.

PROF. J. T. KENT, A. M., M. D., ST. LOUIS.

A young lady twenty-six years old, consulted me for some cicatrices on the left side of the neck. An indentation that disfigured her very much was there. She said with the exception of cold, damp feet, she was in good health. The fistulous openings had been three, discharging several years, and finally closed under some sort of blood, or root sirup. Believing that her treatment had only temporarily controlled the trouble, I attempted to find what her remedy should be. From all I could glean, and she had very few symptoms, but the Calc. c. symptom of "cold damp stockings" was there. She took one dose of Calc. c. 85m (Fincke.)

On the third day her neck began to be painful. She called to ask me if the medicine had anything to do with it. Plenty of S. L. was given. The deep cicatrix suppurated and discharged several calcareous nodules and the neck healed with scarce a scar where the one opened. A depression about two inches from this one is unsightly. She wishes that had opened in like manner. But a little surgical skill may remove the other.

Lippe gives, Cicatrices breaking open: Carbo v., Crocus, Crotal, *Lach.*, Nat. m., Phos., Sil.

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### A CLINICAL CONTRIBUTION.

MAHLON PRESTON, M. D., NORRISTOWN, PA.

I was recently placed under the necessity of selecting a remedy for a case belonging to a class which I had seen prove fatal in a number of instances, and for which the best proven of our drugs had failed to give satisfactory results.

The symptoms presented were as follows, and the combination was one which I have learned to dread.

Extremely dry mouth, with thirst which gave but partial and

momentary relief; thick, dry coating on the tongue, yellowish and dark, forming a crust which rendered it almost immovable.

Dryness of the pharynx extreme and painful, with soreness as if it would crack, impeding and finally obstructing deglutition.

Dry scaly crusts covered the roof of the mouth, which water scarcely served to dissolve or soften.

Mucus collection in the pharynx, very difficult to detach or wash away by gargling; it produced a horrid taste which disgusted the patient, particularly when he attempted to take food. The mucus was slimy, glutinous, and frothy.

Patient imagines himself able to take some food, a sort of hungry feeling and a conception that the morsel would be agreeable, but when it reaches the pharynx it is immediately expelled from a horrid nausea arising from the lodgment of mucus there.

Constant necessity to hawk and spit, to clear out the pharynx; expectoration of considerable quantities of the glutinous, frothy mucus causing gagging; taste bitterish and putrid.

Indescribable feeling of distress in the epigastric region, including space over transverse colon; this place seems sunken in; great weakness; it was referred principally to this locality, with respiration audible, slow, and grunting.

Pinched countenance; feeble, rapid pulse; cold extremities, bloodless fingers.

Urine moderate in quantity, high colored; passed freely but rarely; loaded with red sand. Stool rare and clay-colored.

These symptoms presented in a tall, robustly developed gentleman of about seventy, and had deprived him of strength and flesh, in three or four weeks' time, till he was but a shadow of his usual self at the time I was invited to see the case; had been during this time under allopathic treatment. *Ars.*, *Puls.*, *Phos.*, *Lycop.*, *Sulph.*, were resorted to in about the order named but failed to produce any beneficial result.

A careful review of the pathogenesis of *Myrica cirif.* in *Allen* led me to believe there might be a hope, and it was given in water, a dose every four hours. After the fourth dose a remarkable change came over the existing condition, mucus began to be more easily detached from the pharynx, and it soon ceased to form, nausea disappeared, and appetite came; urine became light-colored and considerably profuse without any deposit.

In a week's time all serious phases had vanished and the patient began to desire to resume his usual habits and to venture out.

Detained by the inclement weather, he was, however, able to enjoy a ride in ten days and to eat like a plowman.

My speculations have not led me to any satisfactory diagnosis of this case, but I have seen within two years two persons die in precisely the same circumstances where the urine finally became excessively loaded with albumen, speedily followed by general paralysis, and I am unable to withhold the conviction that Myrica cirif., if resorted to in time, might have saved them; at all events, I shall not soon forget the efficient service it has rendered me, nor hesitate to depend on it in the future for like symptoms.

## NOTES AND NOTICES.

EUROPE HAS NO "CODE."—It must appear strange to foreign eyes that American physicians are the only ones throughout the world who need a written "Code."

WOMAN'S HOMŒOPATHIC ASSOCIATION OF PENNSYLVANIA opened a general and maternity hospital at Nos. 2125 and 2127 North Twentieth Street on Wednesday, March 12th, 1884.

WORN-OUT PHILOSOPHY.—We have heard recently of a student in a homœopathic college who complained bitterly because he was compelled to study the *Organon*. He did not "want to be bothered with the worn-out philosophy of Hahnemann."

HOMŒOPATHY IN THE GARFIELD MEMORIAL HOSPITAL.—There is a question as to whether the homœopathists shall have any share in the new Garfield Hospital. The homœopathic sentiment is so strong in Washington that it is probable one ward of the hospital, if no more, will be turned over to the homœopathic doctors.—*Exchange*.

HOFFMAN'S PRESCRIPTION FOR LONGEVITY.—The celebrated but humorous German physiologist, Hoffman, summarizes the means of reaching a great age as follows: "Avoid excess in everything, respect old habits, even bad ones; breathe a pure air, adapt your food to your temperament, shun medicines and doctors, keep a quiet conscience, a gay heart, a contented mind."

PENETRATING POWER OF SEWER GAS.—A recent writer on sewer gas points out that asphyxia, typhoid fever, diphtheria, and scarlatina are all frequently caused by sewer gas, and as it has been demonstrated that gases will pass through brick and stone and unglazed earthenware, even against a resisting pressure of two and a half feet of water, it can hardly help becoming a question by and by whether or not a good many of our modern improvements in dwelling-houses will not have to be turned out-of-doors or improved beyond anything yet dreamed of.—*Exchange*.

WORK OF WORTHLESS COLLEGES.—The depreciated value of an American medical diploma is a reproach to the profession, and it is therefore high time that the conferring of degrees should be entirely divorced from the department of instruction in medical colleges. This opinion is fully warranted by my own experience as a medical examiner. Not long ago a young gentleman—a graduate of a medical college in "good standing"—came to me for registration, and, to my utter astonishment, he could not answer the question, "What is sanitary science?" Another graduate in medicine, when asked "What is semeiology?" answered, "A description of the *spermatozoa*."—J. E. REEVES, M. D.

THE

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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## VITAL FORCE AND THE “ADVANCE.”

In No. 1, Vol. IV, of THE HOMŒOPATHIC PHYSICIAN we commented on a criticism of the *Medical Advance*, in which we found the existence of the vital force was universally “denied by modern scientists,” and the editor of the *Advance* joined in this denial. In our comment we endeavored not only to show that a vital force *is*, but *what* it is and what it *does*. We were glad in believing we had made these points so plain that there need be no mistaking them; that we had shown them “*demonstrated*,” in clear light, so that all might see them except the willfully blind. The *Advance* did not so see them and in the January number, 1884, gave us what was intended as a reply to our comment. But, as it failed to touch any one point of our argument or to set aside any one of our demonstrated facts, or, rather, facts self-demonstrated, we did not see that any reply to this was called for from us. In this failure, which was so complete, we recognized an abandonment by the *Advance* of argument in the case, while it confined itself to repeating for self and the “scientists,” its denial of a vital force, and declaring the claim for the existence of such force was “unscientific.” This it had done before, and it was not apparent how mere repetition of a false opinion gave it any additional strength or authority. This looked like giving up the argument and cleaving to negation.

In the *Advance* for May we find it still pursuing this course. In attempting an answer to a paper by our friend, Dr. B. Fincke, on this subject, it still clings to negation and adds testimony



from Draper and Carpenter to sustain its position. Now, we knew before that these gentlemen and many like them had failed to recognize the *living facts* before their eyes and that they had denied that these facts prove that which they so clearly demonstrate—the existence of a force which produced them. We knew this. But what then? We cannot concede to these men, scientists though they be, power to annihilate facts or to set aside their natural relations of cause and effect by any negations of theirs, however earnest or often repeated. And we may add right here, when so-called scientists attempt this, verily "*the cobbler*" *has gone beyond "his last."*

We return to this subject and the *Advance's* connection with it to correct, if we may, some of its apparent oversights in its attempted reply to Dr. Fincke, not because Dr. B. or Dr. F. are not abundantly capable of taking care of themselves, but because we have in some of its statements been placed in the excellent company of Dr. F. and Dr. B. and been held with them in fault for not having done some things which, we believe, have not only been done, but done in a manner and with conclusions not easily gainsaid. Says the *Advance*, p. 579, Vol. XIV :

"What is exactly to be understood by the 'vital force' was not defined by Dr. Bayard, nor has it since been defined by his friends and defenders."

We thought we had made this sufficiently plain when we represented it as that "in the human organism which, while present in it, preserves its parts in integrity of tissue and function; which, when removed, these pass under the dominion of laws that reduce the whole to destructive dissolution." And further, we thought we had given a sufficiently explicit expression, and with sufficient "exactness," of what is to be understood by the "vital force" when we stated it to be the motive power of all functions.

It is not a new resort in criticism which charges with failure to do that which the writer has not only done, but perhaps done well, as was instanced in an Old School reviewer's attempt to criticise Dunham's *Homœopathy the Science of Therapeutics*. The reviewer charged the writer with having omitted to give in this work a statement of what the writer understood to be necessary to the constitution of a true science—the very thing the writer had done—not omitted—and had done so clearly.\* But says the *Advance* :

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\*The principle on which this kind of criticism rests seems quite in harmony with the shrewd advice given by an elder lawyer to a younger, "When your client has no *defense*, abuse the plaintiff's counsel."

"If the existence of the vital force is so very 'self-evident,' it needs no argument to support it, and without much waste of words it might be demonstrated so that we could all see it. Now, will Dr. Bayard or Dr. Wells or Dr. Fincke please give us the much needed demonstration?"

This which the *Advance* so modestly yet earnestly seeks was fully presented to its attention in THE HOMŒOPATHIC PHYSICIAN in the paper of January 1st ult. as present in every function of every living organism, governing and executing those functions which in the absence of this force at once and wholly cease. Where function exists this force is present as its executor, and every performed function is a demonstration of its presence, deny this whoever may. It is just possible the *Advance* may have regarded itself as calling for a different kind of demonstration, "one that all can see." The above-quoted paragraph seems to more than hint that this is the kind it requires, and so, not having *seen* the thing itself, this is a sufficient reason for scientists and the *Advance* denying its existence. This is going one step further in the matter of proof of the existence of this force than did von Grauvogle when he refused to recognize it because he could not bring it into the experience of scientific experiment. He did not claim the right to *see* it, but only to deal with it as with elements of chemistry or physics in experiments appropriate to those sciences. This he would do or he would have none of it. Silly as this was, and silly because the reason could only have come from an entire failure to appreciate the difference in the nature of those sciences which render the experiments and demonstrations belonging to the one impossible to the other. And Dr. von Grauvogle would have these, or he would not accept the force. The *Advance* will go one step further and insist on *seeing* it—a little more silly only. Deny it, because you cannot see it? Will you be logical, and deny the existence of a *thought* for the same reason? No man has seen a thought but only the expression of it on the printed or written page or heard it in speech. So no man has seen, or can see, the vital force, but any man may see the clearest expression of it who will take the trouble to observe the operation of any of the functions of a living organism.\* The one expression is not clearer than the other. If there be still any man who refuses to acknowledge the existence of this force because he cannot make it the subject of "scientific experiment," as did

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\*Has the *Advance* seen the force of gravitation? If not, will he therefore deny its existence? Has he *seen any* other natural force? If not, does he deny the existence of such force? If not, then why, for this reason, deny existence of a vital force?

von Grauvogle, then let him make a *thought* the subject of a like experiment, which if he fails to do, let him be at least a consistent skeptic, and deny that there is or ever has been any such thing as thought in the world. The one is no more ridiculous than the other. But further the *Advance*:

"If the vital force exists in living structures, surely our physiologists should take some cognizance of it."

No doubt this was their duty. But their neglect of this duty is not to be permitted to bring damage to truth and science, and especially to that science it was their duty to teach in its entirety, or to that truth which constitutes so important a factor in the philosophy of the divine law of healing. And it does not follow that their neglect of this duty annihilated the fact thus neglected. The omission goes far to prove their partial qualification as teachers of their specialty, or their inexcusable neglect of a most important, even a fundamental, principle of the science of which they were the professed teachers. Physiology we understand to be the science of life. These men who are found denying or neglecting the force here in question are teachers of this science. Did they teach the science of a life without force in it? If so, wherein was that they taught different from the death which is only an absence of this force, and therefore of life? Life without force is no life. This neglect or denial on their part is only an additional evidence, not now needed, how great blinding powers, prejudice, and pride may become, and into how great absurdities they may at times plunge men who in other matters may be leaders in general intelligence.

P. P. WELLS.

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## THE SIMILLIMUM.

PROF. J. T. KENT, A. M., M. D., ST. LOUIS.

I had supposed that this question had been settled, but it seems I am not informed, as many are saying the only thing necessary is to find the name of an agent capable of causing similar symptoms on the healthy and the simillimum is that agent. I cannot accept that as the teaching of the master.

These perverters of truth claim that the self-same agent will cure in any dose or any potency. My statement is that the simillimum, the curative power or force, is not essentially the curative drug. The simillimum may be found in Aconite 200 where Aconite 3x has failed. Then Aconite is the curative agent



but not the simillimum, but Aconite 200 is the simillimum. Where Aconite tincture cures, and cures permanently, I believe it does so because it is the simillimum. I have recently seen Arsenicum 200 fail in a case so clearly indicating Arsen. that a tyro could not fail to see it, and the same 200 is known to be genuine and has for years served well; the 8,000 of Jenichen cured promptly. The remedy was Arsenicum, but the simillimum was Arsenicum<sup>sm</sup>. I have seen this same Ars.<sup>sm</sup> cure when the 3x, 6x, 30, 60, and 200 had failed.

Then the simillimum must be the curative power and not the name of any given drug. I may conclude that Ars. is the remedy and the case is not cured! I must next choose a suitable potency and as suitably refrain from its repetition. The smallest part of the conclusion has been wrought when the name of the curative agent has been decided. I admit it is seldom necessary to be so exclusive in finding the curative power, but that it does sometimes occur I am more than convinced. A friendly doctor said to me a few days ago in my office that he was curing a case of psoriasis with Ars. 3x. He stated that the patient had been taking it off and on for a year, and that when he stopped the medicine the disease seemed to come back. Nothing can be learned about such a case, as there was no clear statement of the facts in the case. But it is so much more satisfactory to use a very high attenuation of any drug believed to represent the curative power in a single dose. It is the safest and surest way to avoid a mistake. If the remedy acts, it is so permanent and almost sure to be the simillimum. If it does not act, there is no harm done and a lower potency may be selected. If a lower potency is selected and repeated, as often has to be, the over-action spoils the case and sometimes precludes the possibility of a cure. If the remedy is homœopathic to a given totality, a single dose very high may cure the whole case; if, however, it seems necessary to repeat, and the disease only disappears while the remedy is being repeated the selection is a bad one and had better be changed.

This knowledge we gain while using a high potency if a given case leads us slowly but surely in the way of success.

It is a grand mistake to fly to a low power because a high has failed to act, yet it may be tried as a manner of convincing man of his own weakness.

The simillimum is the curative power that every true healer is in search of, and I take it for granted that every physician in his heart is searching for truth. Then it must appear to all unprejudiced minds that the name of a drug is no more the cura-



tive power than the name of a disease is the disease to be cured. As any given disease has an individuality in causes of varied intensity, so will its cure be in antagonism of varied intensity. One drop of Aconite root may cure the Aconite mental picture in one person and fail signally in many, and the 200 cure the case in a few hours. I would not say *may*, unless I had seen the work.

I had once under my care a patient whose symptoms were like those of Sulphur. As I had not advanced in knowledge beyond the 6x, I gave that remedy in the potency named with what seemed to me astonishing relief. Finally, Sulph. 6x failed to give the continued relief, although the *agent* (for it was not a remedy) was continuously repeated. I compared Sulph. with the patient, and Sulph. seemed still indicated, but it would not cure. I must change!

I changed and changed, and finally the patient changed. I spoiled my case, and felt like "cussing" somebody for it. Nobody to blame but myself. Some three years later this patient, finding nobody that could do any better than I had done, *bad as it was*, came back to me, and by the way I had changed I had opened my eyes; this patient had taken many crude drugs, but I then knew how to develop a case and cure it. He took Nux.<sup>2m</sup> for a few weeks with improvement, but the same old burning on top of head and soles, the same 11 A. M. hungry stomach, the same itching, and the same "not very well myself" all there. These symptoms had never met the simillimum.

The famous Sulph.<sup>55m</sup> one single dose and S. L. made astounding changes that lasted for nearly two months, when the returning symptoms were the signal for another dose. Three doses cured the case permanently. Sulph.<sup>55m</sup> was the *simillimum*, Sulph. 6x was not, therefore Sulph. was not the simillimum. Sulph. was his remedy, but the attenuation was next to be chosen. Why is this not true of any agent in the materia medica? There is nothing new in these facts, but it seems so strange that there can be found a man with brain too small to comprehend it or too dishonest to own it or too skeptical to believe it.

The microcephalic panderers to the loud-mouthed ignoramuses are seeming to rule the world by their mighty majority, but pure Homœopathy has continued to grow and will continue to grow, and the educated, thinking people of the world will support it just as rapidly as they are made acquainted with it. No man shall tie me down to the limits of a microscope or to his own narrow sphere of observation or accepted truth. The man that remains in the lower strata of potential *simillimums* and de-

mands that everybody must worship with him is too narrow to be called a healer or a benefactor of man.

The simillimum may be found in the lowest attenuations, but is positively found for all curable diseases in the high and highest genuine potencies.

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### “THE INFALLIBLE MICROSCOPE.”

The comments on page 115 of your journal as to mistaken diagnoses, based on the so-called cancer cells, leads me to translate a few lines from Hebra's classical work. It does seem strange that American practitioners, even of eminence, should speak of the microscope as the only test of the malignant character of a growth. In *Hebra und Kaposi's Hautkrankheiten*, Band II, page 436, is the following :

“Some pathologists believed that they discovered constituents of the tumor, which they designated cancer cells. But, however, a closer investigation of the subject has demonstrated that these constituents of cancer cannot be distinguished from the equivocal (*alquiroquom*) physiological structures (*epithelia*) within by their morphological properties, nor by their striking *endogenous* proliferation, nor by their occasional pigment. (Virchow, *Zur Entwicklungsgeschichte des Krebses*, etc. *Dessen Archiv*, B. I, 104.) Therefore, the idea of the existence of specific cancer cells must be abandoned as unproven or unprovable.”

Billroth's views agree with Virchow. These names are weighty enough to settle this question till newer light and stronger demonstrations overthrow them.

A. McNEIL.

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### HAHNEMANN AND ZIEMSEN.

Hahnemann tells us in the *Organon* (fifth edition, page 84, § 45) \* \* \* “Two diseases, though different in kind but very similar in their manifestation of suffering and symptoms, will always extinguish each other whenever they meet in the organism; the stronger disease will overcome the weaker one.” \* \* \* As corroborative of this we quote the following from Ziemssen's *Cyclopædia of the Practice of Medicine* (Vol. II, p. 469):

“A peculiar effect is often exercised by *erysipelas* upon pre-existing chronic or acute morbid processes in the *skin*. Cazenave, Schedel, Sabatier, and others have observed that after the termination of a casual attack of *erysipelas*, *old eczemas*, lupous affections, and ulcers upon the legs are quickly healed. In several cases reported by Despres, Champouillon, Mauriac, and others, extensive phagedæmic and serpiginous chancres, and even chronic abscesses,

produced by caries of the bones, which had previously defied all treatment, healed rapidly during an erysipelas."

At § 38 (top of p. 80, fifth edition) Hahnemann writes:

"Whenever two dissimilar diseases meet in the body, the stronger one always suspends the weaker (provided they do not combine, which seldom happens in the acute forms), *but they never cure each other.*"

To illustrate this point, Hahnemann cites the useless practice of forming setons, etc., to cure internal troubles. He says the disease "is only now and then rendered dormant \* \* \* when the irritation created by the setons is more intense than the internal disease."

Ziemssen writes:

"Even extensive non-malignant tumors can be made to undergo absorption, according to the observations of Legrand, Busch, and Volkmann, by erysipelas, *although the cure does not seem to be always permanent.*" (Italics ours.)

Now it can scarcely be denied that erysipelas is at least "very similar in its manifestations of suffering and symptoms" to eczemas, ulcers, and abscesses. And it *cures them*. On the contrary, it cannot be claimed that erysipelas closely resembles tumors, which we are told it does not cure but relieves, the dissimilar masking the one the other.

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## QUIET AS A FACTOR IN THE TREATMENT OF CHILDREN.

ANNA C. HOWLAND, M. D., POUGHKEEPSIE, N. Y.

[Read before Homœopathic Medical Society of New York.]

When an adult is seriously ill, particularly if he be nervous or sleepless, he is immediately put in a secluded room, with few going in or coming out, and if possible a nurse is employed; and all this is done often by the family themselves, without the advice of the physician. All see the importance of such measures. But the wee-bit babies are too often kept in the ordinary nursery (or wherever the cradle usually stands in the day-time), where very likely older children are running about, and all the cares and questions of every-day life are brought to the mother, as usual. Sometimes, in the families of the poor, it is impossible to insure quiet for old or young; but it is not for these I am now speaking. *Ceteris paribus*. A still room and systematic nursing will be obtained ten times for an adult where it is once for an infant. Because the baby cannot say that the noise or the light hurts, it is taken for granted that it does not; and many an incipient and otherwise curable brain-trouble is rendered fatal by this lack of care. I know many physicians attend to this

important matter at once when called to see a sick child ; but I also *know* that others do not. Too many are like one who was asked to write an article for this bureau, and refused from lack of interest in children. "In fact," he said, "he took no interest in them only as far as they brought in greenbacks." I wonder where this learned gentleman was made ; he never *grew* surely ; never had a childhood. But mothers should be taught the importance of immediately going into a comparatively dark room, where there are no flies, and no noise, when the baby is seemingly only a little ailing.

I remember distinctly being called a mile or two out of town one hot sultry August day to see a baby eighteen months old attacked with cholera infantum. It had been brought into town the previous day, and proper remedies administered by a homœopathic physician, who also gave the best advice as to the diet, but no directions regarding a quiet room. The child lay in a cradle, tossing and moaning, with eyes partly open ; the vomiting was checked entirely, the bowels very much better, but the little worn-out sufferer was perishing for rest.

It was in the ordinary sitting-room ; two older children were disputing over some game ; another was practicing at intervals on the piano ; somebody was sewing on a machine ; two or three neighbors were giving advice, each, in her eagerness to be heard first, pitching her voice in its highest key ; the hot air, laden with dust from the street, came pouring in at the open windows ; flies innumerable were swarming in and the whole scene was one of dire confusion and discomfort. A warm bath, a darkened room, as far from the first as possible, due care taken, and proper remedies, changed the appearance marvelously in twenty-four hours, and the convalescence was sure though retarded by the previous uncomfortable surroundings.

Now these people were not poor, neither did they wish to kill the baby ; but it always had slept in all this noise, and *nobody thought*—that was all.

And so I seriously believe many a little one is lost, just from this want of thought.

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A CANARD.—The report that the anonymous novel, *The Bread-Winners*, was offered as a model for a revised materia medica to the Institute is not true. Neither Dr. Hughes nor Dr. Dake wrote it. Their novel will appear later and be just as visionary.



## THE PROPER TREATMENT OF MALARIAL FEVER.

F. W. INGALLS, M. D., KINGSTON, N. Y.

[Read before the Homœopathic Medical Society of New York.]

The usual and popular treatment is to extinguish the intermittent paroxysm, or suppress them from time to time until by the use of some appropriate remedy they may be termed a cure.

How many patients we have in our communities that use Quinine almost every week during the entire season, to commence again as each spring returns, and again, and again a continued suppression called a cure!

It is a fact, however, that there are cases that to suppress from time to time is all we can do. Duty demands that we make the number very few, which we only can by giving remedies as they are indicated and not become routinists.

Epidemic intermittents demand more care, each case its own peculiar drug, as there is no doubt that some of this kind continually suppressed will leave the case to suffer from peculiar chronic ailments difficult to cure, and as difficult to name, unless we say in the stereotypic phrase of the day, "Oh! you are full of malaria."

\* \* \* \* \*

There is no doubt but that Quinine is in some cases the perfect simillimum and is the drug we should be most familiar with. As it is among, if not the very first, drug that called into practical existence the law of *similia*, we should know it as a curative as well as a palliative drug.

As physicians, our knowledge of palliatives or palliative treatment should be complete—should go hand in hand with the pure science of *similia*. A continual study of materia medica will increase the number of palliative as well as curative drugs. It is to be hoped that we may in this Society to-day hear of many new modes of palliation, as well as cure, of this disease.

Hahnemann says that the remedy employed is to be selected from medicines hitherto tried, commonly from the non-antip-sorics, shall likewise (as the surest means), be able to excite in healthy persons two (or all three) of the morbid stages that are similar; or, at least, it shall have the faculty of exciting, with all its accessory symptoms, the strongest and most prominent of these two or three consecutive stages. Yet the state of the pa-

tient during the apyrexia, especially must indicate the choice of remedy.

To administer the remedy immediately or very shortly after the termination of the paroxysm, as soon as the patient has, in some measure, recovered from it. Administered in this manner it has sufficient time to produce in the organism all its various effects, to restore health without violence or commotion; whereas, if taken immediately before the paroxysm (even though it were homœopathic or specific in the highest degree), its effect would coincide with the renewal of the natural disease and excite such a strife in the organism, so powerful a re-action, that the patient would lose at least a great portion of his strength, and even life would be endangered.

If the apyrexia be of short duration administer the remedy as soon as the perspiration, or other symptoms, pointing out the termination of the paroxysms, begin to diminish.

When a single dose of the appropriate remedy has destroyed several paroxysms, and manifestly restored health, and notwithstanding which, indications of a fresh attack are seen some time after, then only ought the same remedy to be repeated, provided the totality of the symptoms is still the same. But this return of the same fever after an interval of health is not possible, except when the cause which excited the malady, in the first instance, still exercises its influence upon the convalescent, as occurs in marshy countries.

In such a case a permanent cure is seldom effected, but by removing the patient from this exciting cause, and advising him to go and reside in a mountainous district, if that which attacked him was a marsh intermittent fever.

As almost every medicine produces a peculiar fever, even a species of intermittent, consequently there are an immense number of medicinal substances to cure intermittents.

When a remedy is found to be specific in an epidemic of intermittent fever, and there is no marshy influence to oppose its operation, then the obstacle generally arises from the psoric miasm; consequently antipsoric medicine ought to be employed until health is perfectly restored.

Allow me to refer all to a re-reading of the ideas given by Hahnemann and a renewed trial of the same.

A perfect choice of the remedy will cure the case before a complete paroxysm of the disease, if one can make that choice.

There is no use of referring you to the *materia medica* to aid in that choice; you all know where to find it.

To increase a renewed study of the same, and throwing aside the routine practice of treating the name of a disease with a popular remedy, and after failure in the trial of the same to resort to that study, is only to make more work and less honor to ourself and the profession.

The scientific treatment given by Hahnemann requires study and work, and it will the better fit us to care for all that come. To give each case that study will make the treatment thereof most scientific, and prove to the world that there is a science in the treatment of the sick. The time is not far distant when the people will demand that careful treatment that science only can give. Close and careful work on our part will give it them. Now is the time to do it, and one and all must be up and at it, no delay, but study as close as Hahnemann's will turn the intermittent to us for cure. Such study will stamp the name of science and scientific upon the practice of medicine as never before, and we will receive due honor in placing a knowledge of the second best gift of God to man in the minds of every one.

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### THE FAVORITE SEASIDE RESORT.

Of all the seaside resorts on the New Jersey coast Atlantic City is probably the most patronized and the healthiest. In summer it is the place for cool air and fine bathing; in winter it is the great sanitarium, rivaling Florida in that respect. To those visiting Atlantic City who desire homœopathic treatment we can safely recommend Dr. J. H. Way (1905 Pacific Avenue), lately of West Chester, Pa.

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### CHOLERA INFANTUM.

AD. LIPPE, M. D., PHILADELPHIA.

*Cholera Infantum*, or, as this form of disease is generally termed, "summer complaint," comprises all the various diseases of the digestive organs and brain with which children are attacked during the summer, and most frequently during dentition during their second summer. The various forms of diseases of the digestive organs are those attacking the stomach as its principal seat, as catarrh, acidity, inflammation, ulceration, or softening of it, or the intestines alone are the seat of the disease, as an erithematous inflammation, catarrh, excoriations, and ulceration.

The disease often appears in different forms, at different seasons, and in different localities.

The brain is very frequently the seat of the disease from the very inception of it, and the erroneous idea that a later stage of the disease itself develops the various cerebral symptoms is only a proof that the first observations of the state of the patient's disturbed health were made inaccurately, and that the cerebral symptoms had been entirely overlooked. The most frequent brain disturbance, from the very beginning of the disease, is hydrocephaloid.

If the observing healer has found the cerebral symptoms (dilated pupils, hot head, cold extremities, drowsiness) present in a child during the hot weather and the prevalence of cholera infantum, he may avert all further anxieties (especially if the child also vomits) by administering a single dose of Belladonna.

The knowledge of the seat of the disease, its nature, its name, or a knowledge of the stage in which we find the disease, does not indicate a particular treatment, or indicate the truly curative remedy; but this knowledge is nevertheless necessary, for it facilitates the examination of the sick, and it enables the physician to classify the symptoms obtained, and to consider as most important in each individual case the symptoms indicating the progress of disease in this or the other locality, and the changes or suppression of one or the other functions of organs. As an illustration of these propositions, let us turn to a child supposed to suffer from epidemic cholera infantum; we are informed that the child has diarrhœa since midnight, but does not give signs of pain; it lies quiet, its eyes are only half closed, the anterior fontanel is elevated, the face is pale, the wrists and feet are cold, and upon further inquiry we learn that the child has not passed any urine since the previous evening; the abdomen is flabby, not hot. It would be useless, in such a case, to select the remedy guided mostly by the nature of the evacuations. Here we are presented with a decided case of hydrocephaloid, a case of great gravity, possibly to end fatally within one, or, at least, a few days; and we further know that should the patient pass urine within a few hours after the administration of the truly homœopathic remedy (Sulphur in this case), the recovery becomes a certainty, and probably without any further medication. Another child has cholera infantum, and cries most persistently, has done so all night, is cutting teeth, and the distressed mother says this screaming has lasted all night; we have to carry the child all the time to pacify it; it has frequent green discharges from the bowels, preceded by an increase of pain, causing it to draw up its knees to the abdomen; the abdomen is hot, the thirst incessant; we are sure there is nothing the matter with the



child's brain, but the seat of the inflammatory disease is in the small intestines. A dose of *Chamomilla* will soon quiet the child.

In the first case the brain symptoms, with the concomitant suppression of the urinary discharge, stand foremost; in the second case the intestinal symptoms, with the concomitant restlessness and the desire to be carried, stand most prominent.

Knowing that the gravest cases of cholera infantum appear without any previous indisposition, without any precursory diarrhoea, probably with no other warning than a little more sleepiness of the otherwise, to all appearances, well child, and that in just such cases all depends on the proper choice of the first remedy, we must be prepared beforehand to choose right, and administer the remedy according to the Homœopathic Law of Cure.

It has been proposed to begin the treatment of these grave cases of cholera infantum, having their origin in a disturbed condition of the brain, by administering *Aconite* and *Bryonia* in alternation. As this proposition is a violation of all and every fundamental principle of our school, the result will be a failure to cure. First and foremost, the character of the disease, its locality, or its kind, can never serve as a guide to our therapeutic action; much less can the administration of two entirely differently acting drugs, as are *Aconite* and *Bryonia*, be followed by salutary results; either one or the other can stand in the proper relation as a therapeutic agent under the Law of the Similar, never both, and why, then, not adhere to the Law, and administer the *Simillimum*?

The therapeutics include also the dietetics, and in cholera infantum it becomes very important to see to it that the proper nourishment is given to the children. The better the dietetics of a child have been understood, and the more proper the nourishment has been from its birth, the less liable will it be to be attacked violently by the ordinary diseases of children during the hot weather. There are general dietetic rules for children laid down in the books, and it is all well to know them, but they lead to generalizations; each individual child wants its own individual diet, adapted to its own individual constitutional condition. The administration of crude substances supposed to be wanting in the organism is based on "materialism;" the substances so wanting, or supposed to be wanting, can at best only be supplied by food containing them in a greater proportion than its ordinary nourishment did. The instinct of children will very frequently indicate the requisite nourishment,

which then should never be withheld, if it is even contrary to speculative science. In properly nourished children we will rarely ever find a bad case of cholera infantum, and the more we have studied carefully the proper diet of each individual child under our care, the less will they be liable to diseases of the digestive organs. Many cases of children come under the treatment of the physician which he has never seen before, and the more general experience he has gained about the proper diet of children, the easier will he be able to detect what mistakes have been made in each individual case, and he will at once endeavor to correct the erroneous diet.

The erroneous but generally accepted notion that children should be nursed during the second summer on account of the prevalence of cholera infantum during that season causes more cases and is the frequent cause of the great mortality in that disease. There are nine months of gestation, and exactly nine months of lactation (nursing and feeding by the mother's milk). The appearance of the teeth is the first indication that farinaceous food is wanted, and it must not be withheld, and as different children cut their teeth earlier or later during the first nine months, the farinaceous food should be given as it is needed.

All the dietetics being properly attended to, it remains to find in each individual case the corresponding similar remedy. In grave cases, the choice of a remedy must be made at once, as delay is attended by great danger. It is the aim of these short pages to give characteristic symptoms, and a concise description of frequently occurring combinations of symptoms in this form of disease, with their correspondingly similar remedy.

We shall first give the most frequently indicated remedies, and then those less often called for.

**APIS MEL.**—The child is inclined to stupor, out of which it starts with a loud, shrill scream. The eyes have a reddish tint. The head is hot. The tongue is dry, but thirst is but seldom present. The skin is dry, the hands at times cold and blue. Suppression of urine. The abdomen is tender to pressure. The diarrhoea is worse in the morning, always mixed with mucus, sometimes very offensive or involuntary, or containing flakes of pus.

**BELLADONNA.**—The child lies in a stupor; it frequently starts up suddenly in his sleep; when awake it is angry and violent. The head is hot, and is often rolled from side to side. The face is generally purple, red, and hot, or very pale and cold. The tongue is red on the edges, or coated whitish yellow, or has two white strips of coating extending down on both sides of the

tongue. Thirst moderate. Pulse very frequent, small, and hard, occasionally full. Hands and feet cold; the hotter the head is, the colder are the feet. The abdomen is hot. The stools are clay color or green, or consist of white or granular yellow slimy mucus, and very frequent.

CHAMOMILLA.—The child is exceedingly peevish; the gums are very hot, the cheeks are red, at times only one cheek; the child wants to be carried all the time; has attacks of colic, draws its knees up, and seems to be relieved for a short time after a passage from the bowels. Vomiting of food and sour mucus. The stools are green, or green mucus at times mixed with white mucus or chopped; the discharges are hot, excoriating the parts, frequent, sometimes smelling like rotten eggs.

CROTON TIGLIUM.—The child has a stool as often as it is fed or nurses. The discharge is sudden, noisy, and violent, consisting generally of yellow water.

IPECACUANHA.—Diarrhœa and vomiting. Vomiting of food and drink as often as one drinks, or vomiting of green mucus. Much nausea, with pale face and oppressed breathing. Stools consist of green mucus, or are bloody or fermented.

NATRUM SULPHURICUM.—Frequent attacks of violent colic, with rumbling in the abdomen, relieved by the violent discharge of yellow water with large quantities of flatus. The stools are more frequent during the morning hours, after the child has been taken up and is moved about, like Bryonia.

PODOPHYLLUM PELT.—Drowsiness or restless sleep, with grinding of the teeth or rolling of the head. Vomiting of frothy mucus, green, or of food. The diarrhœa is worse in the morning, and the discharges are more frequent at night than during the day. Stools green, watery, or mixed with mucus, or like chalk; profuse and painless. During and after stool, prolapsus ani. During dentition also catarrhal cough and catarrh of the chest. Cramps of the feet, calves, and thighs.

SULPHUR.—The disease generally begins after midnight; diarrhœa and vomiting; the discharges from the bowels are generally watery, green, and involuntary; they sometimes smell sour, at other times they are very offensive; vomiting is frequent, often smelling sour (like Calc. c.), with cold perspiration on the face (Veratr., cold perspiration on the forehead). The face is pale, the fontanels open, hands and feet cold the very first morning; the child lies in a stupor with its eyes half open; not much thirst and entire suppression of urine. The child does not scream out violently as under Apis, or roll his

head as under Belladonna. In such a case as above described one single dose of Sulphur will suffice to re-establish the urinary secretions and cause the child to sit up again and take food.

ACONITUM NAP. is seldom indicated, and then only at the beginning of the disease, especially when it has been caused by a check of perspiration, mostly during the night, when the weather has changed from extreme heat to cold. The child is excessively agitated and restless, pulse very frequent and hard, abdomen very hot; much thirst; the discharges are watery and contain bloody mucus.

ARSENICUM.—Diarrhœa and vomiting; much thirst for cold water, but everything the child drinks is thrown up at once; hot skin, great restlessness; the child continuously tosses about, changes its position, and cries incessantly. Stools watery and very offensive, or black fluid, or dark, thick green mucus; very great weakness and emaciation.

BENZOIC. ACID.—If, during an attack, the urinary discharges become very scanty, and if the urine has a very pungent, strong smell, and if the urine easily becomes turbid.

BISMUTH.—Diarrhœa and vomiting. The vomiting prevails; all food and drink is thrown up at once; the abdomen is bloated, the face is pale, blue rings under the eyes. (Compare Creosote.)

BRYONIA.—The attacks return as soon as the weather becomes very hot, and are relieved on cool days. (Aconite and Dulcamara have the reverse.) Vomiting of bile, tongue coated yellow, thirst, not frequent, but drinking of large quantities (Aconite has the reverse); abdomen hot, the child does not want to be moved (Aconite has the reverse); every motion causes pain in the abdomen and a discharge from the bowels. Worse in the morning when beginning to be moved.

CALCAREA CARBONICA.—Open fontanels; stools gray—like clay, smelling *sour*; vomiting of food, and especially milk, *sour*; profuse perspiration on the head during sleep; swollen, distended abdomen (Sacchar. off.); urine clear (Benz. ac. has turbid urine), is passed with difficulty, and has a strong pungent, fetid odor.

CARBO VEGET.—Diarrhœa; stools very putrid or bloody; face pale or greenish; the gums recede from the teeth and bleed easily; abdomen distended; emissions of large quantities of flatus; skin cold; tongue and breath cold; voice hoarse or lost.

CHINA.—Painless watery diarrhœa, yellow or blackish or of indigested food; worse after eating (Ferrum has diarrhœa while



eating), and worse at night and after eating fruit, with much tendency to perspire.

COLOCYNTHIS.—Diarrhœa with violent colic before, during, or after the stool, compelling the child to bend double, which seems to give relief (the colic of Belladonna is relieved by hard pressure across the abdomen; that of Rhus tox. is relieved by lying on the abdomen).

CREOSOTE.—Diarrhœa with vomiting; the continuous vomiting and straining to vomit predominates; the child resists the tightening of anything around the abdomen, which increases its restlessness and pain; much thirst; gums hot; coldness of the hands and feet. (Compare Bismuth.)

IRIS VERS.—Diarrhœa and vomiting; vomiting of food, bile, or of a very sour fluid; profuse, frequent, watery stools. Tympanitis.

NATRUM MUR.—Watery diarrhœa with colic; incessant thirst with nausea; emaciation beginning at or principally on the neck; abdomen bloated.

NITRIC. ACIDUM.—Diarrhœa, green, mucous or bloody, or putrid; putrid smell from the mouth; copious flow of saliva; ulcers in the mouth and on the tongue.

PAULLINA SORBILIS.—Green profuse stools, *inodorous*.

PETROLEUM.—Diarrhœa *only* during the day.

PHOSPHORUS.—Diarrhœa and vomiting; desire for cold water, which is thrown up as soon as it becomes warm in the stomach; diarrhœa is worse in the morning; stools consist of green mucus, brown fluid, white mucus, or containing little grains like tallow.

SILICEA.—Fontanels open; much perspiration on the head; great thirst; emaciation; rolling of the head; suppressed urinary secretions; watery, very offensive stools. (Calc. c. has sour-smelling stools.)

SULPHURIC ACID.—Frequent, large, watery, very offensive evacuations, with aphthæ and great irritability.

VERATRUM ALBUM.—Diarrhœa and vomiting; great weakness; vomiting of frothy substance; profuse watery diarrhœa, with flakes; during stool cold perspiration on the forehead; pale face; cold hands; voice weak or hoarse; suppression of urine,

If marasmus follows a protracted case of cholera infantum we have two great principal remedies to stay its progress and cure the patient.

SARSAPARILLA.—Great emaciation; the skin lies in folds; the face is shriveled; aphthæ on the tongue and on the roof of the mouth.

**IODINE.**—The child has an inordinate appetite, but nevertheless continues to emaciate.

If effusions on the brain have taken place, then we may resort to Digitalis, Helleborus, Hyosciamus, Opium, Zinc, according to their respective indications.

These general indications will enable the practitioner to find the proper remedy in many cases, especially in cases requiring prompt and unhesitating prescriptions. The variety of cases is so great that it is utterly impossible to give a proper prescription for all and every variety of cases of cholera infantum or any other disease.

### “SPEAK FORTH THE WORDS OF TRUTH AND SOBERNESS.”

[The following extract sufficiently explains itself; it is the glad cry of one who “was blind but now seeth.”—ED.]

I say it without fear or favor that yours is the only journal published in the homœopathic profession that stands up manfully and advocates *true Homœopathy*. I have called myself a homœopath and thought I was practicing under the true law. I have bitterly opposed the high-potency theory, calling it “infinitesimal nothingness,” and all who advocate or practice with them crazy or idiotic. I have at times in the past dispensed in my practice Schiefelin’s, McK. & R.’s, P. D. & Co.’s, etc., pills and granules, but, thanks be to your and my esteemed friend, Professor R. R. Gregg, of Buffalo, I am no longer “traveling in darkness,” but “light has broken in upon my once clouded vision” and the future seems bright and clear, at least in anticipation. I am satisfied now that the “*true law of cure*” is made known in Hahnemann’s *Organon*, and that there is no other. That book, too, should be in the hands of every even pretended follower of Hahnemann. It is, indeed, a medical Bible, and indispensable to him who would practice the healing art in truth and honesty.—R. O. W.

### CURANTUR OR CURENTUR.

R. E. DUDGEON, M. D., LONDON.

Dr. Lippe, in his article on Dr. Hughes’ lecture in the May number of your periodical, says:

“Hahnemann was a ripe classical scholar, and when he wrote *curantur* he wrote down ‘a law.’”

But Hahnemann *never* wrote *curantur*, but always *curentur*, when he gave the complete homœopathic formula.

If, then, *curentur* implies that the homœopathic formula is a therapeutic rule, whereas *curantur* implies that it is a law of nature, as Dr. Lippe seems to assert, then Hahnemann's use of *curentur* would show that his idea was that the formula merely expressed a therapeutic rule.

And that this was so is evident from the words he employs in the earlier editions of the *Organon* to explain the formula. Thus in the first edition he says (Introduction, page v): "In order to cure gently, quickly, and permanently, choose in every case of disease a medium which can for itself excite a malady similar (*ὁμοιον ἡάθοος*) to that it has to cure (*similia similibus curentur!*)."  
Those words are a paraphrase of the formula, "Let likes be treated by likes," rather than of the phrase employed by Dr. Lippe, "Likes are cured by likes," though the latter expresses the result we hope to obtain by following the rule expressed by the former. It is doubtful, however, if the words *similia similibus curantur* can be correctly translated, "Likes are cured by likes."

The only other occasion on which, as far as I am aware, Hahnemann used the complete formula, was in his letter to the French Minister of Public Instruction (see *British Journal of Homœopathy*, xxxviii, 64), and there also he uses the word *curentur*.

Dr. Lippe says: "The sum and substance of our paper is to show that Hahnemann was the founder of Homœopathy with his own formula, *similia similibus curantur*; and that Richard Hughes, with his new formula, *similia similibus curentur*, has departed from Homœopathy hopelessly."

But Dr. Lippe has *not* shown that Hahnemann ever employed *curantur*, and I defy him to prove that he ever did so. On the contrary, I have shown that Hahnemann, on every occasion on which he used the complete formula, invariably wrote *curentur*; so, if adhesion to Homœopathy consists in the use of the formula employed by Hahnemann, it is Dr. Lippe, and not Dr. Hughes, who "has departed from Homœopathy," but I will not be so uncharitable as to add "hopelessly," for I hope he will see and express the error of his ways and adopt henceforth the true and only Hahnemannic formula—*similia similibus curentur*.

## MALARIAL FEVER AS SUPPRESSED, WITH ILLUSTRATIVE CASES.

JOHN HALL, M. D., TORONTO, CANADA.

[Read before I. H. A., June 13th, 1884.]

On malaria and its manifestations much has been said and written, not unfrequently with evidences of skill and research.

Its origin and nature have shared largely in the investigation; its relation to temperaments and sex, and influence on other diseases, such as phthisis, pneumonia, and affections of the nervous system, all these have been more or less ably discussed, not omitting that formidable condition known as malarial cachexia, while little has been elicited on the possibility of suppressing by improper medication the primary symptoms of malarial poisoning, and of thereby engendering other diseases; this alarming possibility, with allusions to some grave consequences and hints at remedial measures, will form the subject of this paper, in the elucidation of which I shall assume as accepted by all Hahnemannians the following propositions:

1. That the outward, visible, or sensational symptoms of a malady are not the disease proper.

2. Such external or visible manifestations are the result of an effort of nature to *eject* the disease proper from the organism.

3. Any attempt to arrest or check such symptoms by other means than a remedy capable of inducing the nearest resemblance to the whole will not cure the internal disease.

4. To check the outward expressions without curing the internal condition is a *true suppression* and the *prolific parent of future ill health*.

As illustrative of these principles, a case of diphtheria may be cited; and what do we see therein? A person has been exposed to the contagion of diphtheria, and after four or five, or even ten days, the period of incubation, he complains of lassitude and dullness, followed by more or less chilliness and succeeding fever, backache, and general muscular pains and sore throat, which, on examination, exhibits the characteristic white or gray exudation, and the patient is said to have diphtheria; but he had diphtheria from the moment he received the contagion, a contagion so subtle that none of his senses could detect its approach, yet so virulent and progressive that the system became gradually surcharged, when, the vital forces concentrating their efforts for its *expulsion*, their appears on the tonsils or fauces "*an outward and visible*



*sign of this inward and invisible" evil.* What shall we do with this exudation? Shall we mistake it for the disease proper, and addressing our forces thereto, with probang, gargles, and caustic obliterate the excrescence? Alas for us and for our patient if we do! an outpost has been taken, but its extinction disables us from attacking the centre, the appearance, color, and location of such deposit being indispensable to a selection of *the* curative remedy, whose action for good will be indicated subsequently by the changes which it works on this appearance, until the whole disease within and without is annihilated. But we have removed the deposit, and vainly do we then interrogate nature for guidance; she will give no more answer to our questionings than a time-piece from whose face the hands have been removed will tell us the hour of day. Has, then, nothing been gained by our tactics? Verily, much, for should the patient's life be spared there will almost certainly follow, sooner or later, a standing memorial of our incompetence in one or more of a train of sequelæ, such as chronic pharyngitis, difficult deglutition, enlarged tonsils, susceptibility to affections of the throat from the slightest change of temperature, degeneration of the kidneys, dropsy, even general paresis, all as supposed consequences of the diphtheria proper, but almost invariably due to our repressive treatment.

Given then a case of disease, we have an internal condition, as originating, and in due time an outward or sensational expression of it as secondary, which outward, objective, and sensational symptoms combined form the true and only guide for selecting our remedy; but being so chosen, will, under judicious administration, totally remove the entire malady, while tampering with mere external symptoms either to arrest or alter their character, or any other therapeutic medicinal procedure whatever, will disappoint our expectations by failing to secure health.

If the numerous patients who consult us for relief from chronic ailments be questioned as to the origin of their malady, we shall be told of their not having been well since they had a fever, pneumonia, erysipelas, diphtheria, scarlatina, cholera, or a fever and ague. My own answer to all such statements has ever been that the *diseases they refer to were never cured*, that *palliation or suppression had been mistaken for cure*, the primary symptoms having merely receded on the organism to evoke other forms of suffering not unfrequently beyond all our skill to cure.

In light of these principles, let us consider the immediate

object of this paper—*Malarial Fevers as liable to suppression by abortive treatment.*

The transmission of malarial poison into the system is not usually apparent until the morbid principle has permeated the whole domain, and the well-known chill, fever, and perspiration make it manifest. Of its nature and origin we do not now inquire, a subject already dealt with by many, and especially by Dr. J. W. Dowling, of New York, whose able paper thereon he kindly sent me. It suffices that we admit its subtle and imperceptible invasion of the vital domain and the *non-recognition of its presence until a process for its expulsion is set up*, the chill representing a receding of the vital force preliminary to the reaction of fever, both culminating in the grand expulsive sweat, to be renewed at successive intervals until the enemy is dislodged and health returns.

We believe that no careful observer of nature will question our conclusion that the foregoing process is set up and sustained by the organism as *curative in its nature*, and all things being equal to the emergency, health must be the final result. I shall assume this position and make no deduction from its force to accommodate those who might reply, How very few possess the requisite vigor of body to wait for such a consummation. Their objection is admitted, but in no wise does it detract from what is assumed, that the process as set up is *essentially curative*, but if curative, *not to be disturbed or arrested by any means which fail to make such process unnecessary.* And here let me say emphatically that any medicinal agent capable of arresting a paroxysm which does not contain in its provings a totality of the characteristic symptoms of the case *can only induce a suppression*, in whose train will sooner or later follow either a renewal of the attack, demanding renewed administration of the repressive remedies, or a metastasis, the *legitimate and natural effect of all such measures.* In the former, frequent repetition of the medicine may, and almost certainly will, induce that shocking state of depraved health known as malaria cachexia, due, as I believe, *simply to repeated attempts with inapplicable or excessive medication to suppress the natural malarial manifestation of chill, fever, etc.*

While a metastasis will hardly fail to disorganize any organ to which the virus is determined—witness, as resulting from this cause, enlarged or endurated liver and spleen, persistent and agonizing neuralgia, ovarian and uterine engorgement, varicose veins, vertigoes, indeed, almost any form of suffering may be so induced—I am aware it will be maintained by some, who com-

bat the disease with ponderous doses of inapplicable medicines bearing no relation to the totality of symptoms, that their success bespeaks for them a more favorable judgment; but I fear that, having arrested the paroxysm, these gentlemen rest satisfied with their procedure because no *immediate* indications of evil follow. Yet a seed which we place under ground will not put forth its germinal shoot the following day, and some having hard coverings lie dormant a long time ere the first sign of growth is apparent. So the malarial germs, whether bacteria or other minute organisms, when suppressed in their primary effort to induce a chill, etc., may lie long ere their power for mischief is manifested, and our failure to watch and wait on such cases leads to serious error of judgment. We are all familiar with the popular cry: "Doctor, I have had an attack of ague, and I want you to break the chill quick;" and the pressure of circumstances may prove a strong temptation to take the easy and well-trodden path with our patient. We may rest assured that, whatever difficulty lies in the true path, its end *alone* is health and honor; and not a few of the public are recognizing the truth of my assertion—all, indeed, who receive their instructions from the genuine disciples of Hahnemann, and their knowledge of such principles must often bring a blush on those who fail to put such principles into practice.

The following colloquy may bear thereon:

A neighbor afflicted with chronic bronchitis was passing along the outer wall of a cemetery when taken with one of his severe paroxysms of cough, and being exhausted with the effort, had leaned against the graveyard wall to recover breath. A sympathetic acquaintance from an opposite side having seen and heard his distress, crossed over to him with the ejaculatory advice:

"My dear sir, you should have that cough stopped."

"Stopped?" rejoined the sufferer. "Stopped, did you say? Believe me, sir, there are a good many lying on the other side of that wall who would give a heap for my cough."

"Ah," said his friend, slowly perceiving the point of his reply, "I see; that's a new view of the matter."

"Yes, sir, and a very important one; if a poor fellow has a lot of bad stuff in his chest he needs a pump to get it up. The cough's my pump, sir, which I cannot dispense with until my lungs are cured."

"Hem; good morning," and away went our sympathetic friend with the new idea to reflect on.

The chill from malarial infection bears the same relation to that poison which the cough does to our friend's loaded chest,



and must on no account be arrested except by such means as *render its action unnecessary*—only possible under a potentized remedy, administered in accordance with the principles we have eduved from the *Organon* of Samuel Hahnemann. By such an agent the morbid influence is neutralized at its *source*, and all the external manifestations, from the mild multifarious types of our northern regions to the pernicious chill of the south, yield to its god-like power as the darkness of night to the morning sun; moreover, the cure is complete and subsequent recurrence about as rare as second attacks of scarlatina or measles, and never owing to any imperfection in the original cure, but to a reproduction in the system of that morbid condition on and through which alone the malarial germs can again affect as injuriously. It is believed that the experience of every practiced homœopath will confirm the foregoing statements in illustration of which I add a few cases from my note-book which might have been multiplied had the limits of this paper allowed:

In the year 18— I was called on to visit a Mrs. D., age forty, who had came some forty miles to place herself under my care for the treatment of an obstinate and grave inflammation of both eyes, supposed to have arisen from cold, and which had hitherto resisted all attempts at cure. The inflammation was severe, and the eyes so extremely sensitive that an examination beyond a mere glance was out of the question, and I hesitated somewhat to assume the responsibility of their treatment.

Without delay she was placed under the use of such remedies as seemed indicated by the *ascertained* totality of the symptoms, the names of which, writing from memory, cannot now be recalled. This treatment continued for about three weeks, the only beneficial result obtained being a slight mitigation of the symptoms. Not satisfied with so poor a return, and diligently searching for some cause for this partial success, I conceived that the history of the case might not fully have reached me, so I sat down for a patient inquiry, from which was gathered that Mrs. D., with her husband, emigrated from the city of London some years before this, and had purchased a piece of land on our northern railroad contiguous to an extensive marsh, the proximity of which eventually induced recurring attacks of intermitting fever, for which Quinine had been freely and often taken, with the usual effect of at length “breeding the chill,” as it is termed, and, as our patient supposed, of curing the disease. Unfortunately, when the ague ceased its chill, etc., the eyes, which had hitherto been sound, became gradually inflamed, and so persistently and severe that at times total loss of vision



seemed imminent. My inference from this statement was that the intermittent fever had not been cured by the Quinine, but suppressed and so thrown back into the system to concentrate its baneful effects in another form, which I conceived to be this affection of the eyes.

Should these deductions be correct, it was further premised that no improvement in the eyes was possible unless the restraining and suppressive action of Quinine on the primary disease should be antidoted, and if this were practicable the intermittent *might* return. Actuated by these thoughts and the presence of nausea as a prominent but *hitherto unrecognized symptom*, I gave Ipecac. 30 four times daily during several days, when, to my surprise and delight, one morning about nine a very decided chill set in, more severe than any which the patient had yet experienced, followed by intense fever and subsequent perspiration. Nat. mur. at once came into my mind as a probable remedy, but I waited for confirmation.

The next day was an intermission, succeeded on the third by a renewal of all the symptoms, time, etc., of the first. I had then a clear tertian beginning at 9 A. M., from which and other symptoms now forgotten there remained no reasonable grounds for neglecting Nat. mur. as *the* remedy. It was accordingly administered in the 30th potency four times daily for awhile, and after three paroxysms, occupying nine days, the disease ceased to return, being, as the sequel showed, completely cured; and to my great delight, the Natrum had acted so beneficially *nothing else was required*, and I shortly had the pleasure of sending home my patient cured of both the malarial fever and the terrible effects on the eyes of its having been suppressed.

Perhaps the most frequent result from such pernicious treatment is a liability on the part of the patient to some form of neuralgia. Many such consult me who have suffered thus during years. They usually yield to the carefully selected remedy for the totality, but the choice is often extremely difficult, arising from the imperfectly developed expressions, partaking, as they do, partly of the natural dynamic disease and partly of those symptoms which belong to the medicines which were used in its repression; and the genuine disciple of Hahnemann is not to be judged as swerving from our law of cure when in combating *poisonous doses of drugs* he administers at the outset a sensible dose of an antidote often on a mere chemical, principle, as the Sesquioxide of Iron or Arsenic, or the Albumen of eggs for Corrosive sublimate; but the chronic conditions induced can only be reached by the dynamic remedy and often require its highest

forms. So far as my own experience goes, I have not found it necessary to deviate from the strict method of Hahnemann, yet there will occasionally be one who either fails of a cure or reaches it very slowly. I recall a sufferer of fourteen years from neuralgia, and burdened with almost every agent which varying physicians could give her, who remains to this day after some six months of my own treatment, though greatly relieved and only rarely in suffering, not cured, as shown by a recurrence of attacks from slight causes. Another, to whom Quinine has been given enormously for years, and who was consigned to her grave by three medical advisers, has so far yielded to the dynamic treatment that her chill and fever are restored, having now weekly paroxysms leaving an intermission of six days of fair health. Every well-chosen remedy has acted on her most satisfactorily, but a new type follows each success, demanding fresh consideration and a new remedy. These ravages in the human economy from the careless administration of Quinine, bring in mind the ominous warning of the master: "Wherever China is given for any condition of debility not induced by loss of fluids, and which is not the disease itself, its exhibition may be followed by the most pernicious consequences, and may even endanger life. Indeed, even in these cases it produces an excitement; but it is not a natural excitement; it is an overstraining of the vital powers of the patient, which may be followed by a perfect collapse, or may entail upon the patient a cachectic condition of the system which it is either difficult or frequently impossible to cure." What would this profound mind say could he witness the present wholesale abuse of this valuable drug? What, with our quinine tonics, quinine wine, quinine ale, and the endless preparations of quinine and iron, quinine and pepsin, we have fallen on evil times, and the pure doctrines of Homœopathy become emasculated by alliances with any conceivable pathy going. Every good gift and every perfect gift cometh down from above, from the Father of Lights, while all else is from beneath, from the Father of Lies, and as no lie is of the truth, so no truth is from the Liar. It may therefore be profitable that we inquire from whence our inspiration is drawn. If from beneath, whether knowingly or in ignorance, we are in danger of verifying in our experience the old adage that "What is got over the devil's back will be spent under his belly."

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SENSIBLE ADVICE.—He who deviates from Hahnemann's principles in the treatment of chronic diseases lacks wisdom.—  
CHARLES JULIUS HEMPEL.

## PECULIAR ANTIPATHIES.

The celebrated Erasmus, though a native of Rotterdam, had such an aversion to fish that the smell of it threw him into a fever. Ambroise Paré had a patient who could never see an eel without fainting, and another who would fall into convulsions at the sight of a carp. What would have been the effect of an electric eel on these gentlemen? Joseph Scaliger and others could never drink milk. Gardan was disgusted at the sight of eggs. A King of Poland and a Secretary of France bled at the nose when they looked at apples. Henry III, of France, and many others had a great aversion to cats, mice, spiders, etc. A great huntsman in Hanover, who would attack a wild boar valiantly, always fainted at the sight of roasted pig if he had not time to run away. Amatus Lusitanus knew a person who fainted whenever he saw a rose, and always kept his house when they were in bloom. Scaliger mentions the same about lilies, and Bayle about honey. Bayle himself turned pale at the sight of water-cresses; Tycho-Brahé fainted at the sight of a fox; Henry III, of France, at that of a cat; Marshal d'Albret at a pig. A lady, wonderful enough, could not endure the feel of silk or satin. A man, not so strangely, was known to faint whenever he heard a servant sweeping. Nicanor swooned whenever he heard a bagpipe; Bayle fainted when he heard the splashing of water.—*Med. Record.*

When one bleeds from the nose on looking at apples, or falls into convulsions at the sight of a carp—of what potency is the agent which so affects him? Possibly it is above the twelfth decimal.

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## THE JUNE MEETINGS.

THE I. H. A.—The Internationals met in Washington city, June 13th and 14th. There were present at the meeting about twenty-five members. Among these were some of the best practitioners in the homœopathic school. Many interesting papers were read, some of which we shall offer our readers later on. Altogether, the meeting was highly satisfactory, and all who were present, we believe, departed feeling refreshed and strengthened for another year's labor. Dr. R. R. Gregg was elected President. Good!

THE AMERICAN INSTITUTE met at Deer Park, Maryland. Attendance fuller than usual. Dr. Richard Hughes, of England,

was present and the centre of attraction. Dr. J. P. Dake was appointed the American editor of the "revised" *Materia Medica* to work in unison with Dr. Hughes. No provings made with attenuations above the twelfth decimal are to be admitted into this *Materia Medica Pura*. Professor T. F. Allen was elected President for the ensuing year—excellent choice! Dr. Cowperthwaite, Vice-President—good again!

In his address next year Professor Allen can explain why his encyclopædia needs revising, and also demonstrate Dr. Dake's qualifications for the work!

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## CLINICAL BUREAU.

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### PATHOLOGY APPLIED.

JULIUS SCHMITT, M. D., ROCHESTER, N. Y.

[Read before the Central New York Homœopathic Society.]

Pathology means the study of the lesions or tissue-changes which disease causes in a healthy human body, and stands, therefore, in opposition to anatomy or the study of the normal condition of the tissues and organs of the human body. Lately, however, the term pathology has been extended, and especially by our school of medicine, to the study of the consequences following these lesions and the perverted action of diseased tissues and organs. The symptoms, subjective and objective, arising from these abnormal conditions have been grouped, and a name more or less appropriate has been given each group. Medical science, as taught by the old school, believes that the distinction between these different groups is the prime necessity for a successful treatment of the sick. After a given case has been diagnosed, treatment with them becomes entirely empiric, changing according to the individual fancies of so-called "authorities" or to the whimsical intuitions, if as such they might be honored, of the practitioner.

Basing therapeutics in the value of a diagnosis in the above sense has, as we all know, turned a good many homœopathic physicians from the road of success.

These erring brethren, imagining that these proceedings make them highly "scientific" and peers to the allopathic physicians to whom they look up with an awe-stricken heart, forget entirely that the aim of the true healer is to cure disease and not to write scientific certificates of death. An illustration of the success of this pseudo-science can be found in the "Fatal Case of



Metro-Peritonitis Following Labor," by J. W. Dowling, M. D., page 433 of the *Transactions of the American Institute of Homœopathy* of 1882.

This perverted use of pathology, however, must not interfere with its study, for we have to diagnose our cases as best we can, with all the means which this auxiliary branch of medical science offers, for the following reasons:

*First.* To distinguish between the symptoms properly belonging to the disease and those peculiar to the patient *whom we have to treat.*

*Second.* To form a prognosis.

*Third.* To direct the proper hygienic and dietetic measures.

*Fourth.* To recognize whether our patient is growing better or worse.

For all our pathological knowledge we have been indebted so far to our allopathic brethren, but lately men in our ranks have come forward, and among them Dr. R. R. Gregg, of Buffalo, has made the most startling announcement in regard to the character of diphtheria and other diseases, claiming bacteria, bacilli, micrococci, etc., to be nothing else but different stages of coagulated fibrin.

The question is, of course, an open one; but let us see whether Gregg's views help us as practical physicians. The best answer can be given by the following illustration from the green tree of Practice "for [according to Goethe] all theory is gray!"

On the 26th of December, 1881, I was called to see Mary H., three years old, a blonde, sparely built girl, who had been exposed to diphtheria by her mother's visiting a neighboring house where a child died with diphtheritic croup. She complains of being tired, of backache. There is a purplish appearance of the mucous membranes of the lips, lower one a little swollen, of buccal cavity and throat; a diphtheritic spot not larger than a pin's head on the left tonsil; tongue was pointed and purplish; pulse weak, 132; skin hot; urine scanty, dirty-colored, and containing albumen; bowels constipated; in fact, the case was of that adynamic sort which we all dread to meet. Lachesis<sup>cm</sup> (Swan), one dose, dry on tongue, Placebo in water.

December 27th, 1881.—Child seems somewhat livelier; pulse 120; no other change; continue Placebo.

December 28th.—No change; pulse 128. Lachesis<sup>cm</sup>, one dose dry, and Placebos.

December 29th.—No change; rather weaker; pulse 132.

Now Lachesis was evidently indicated and must be given, but how? Give the cm potency dissolved in water every two or three hours. But I had seen such dreadful results from repetitions even in this way that I did not dare to do that. The higher potency, however, has always in my experience acted stronger than the lower one, and therefore I gave Lachesis<sup>mm</sup> (Swan), one dose dry, and Placebos in water.

December 30th.—When I entered the house this morning the mother received me with the greatest alarm, and the condition of the child was such as to alarm anybody. Submaxillary glands on both sides fearfully swollen; running of acrid secretion from nose and mouth; the famous diphtheritic stench; the throat and even lips covered with thick, gray membranes. I must confess I was stupefied at first, but rallying, I asked the mother, Well, how is the urine? “Oh! she made plenty of that, and her bowels moved also.” A centweight fell from my heart. More favorable symptoms were found in the color of the water, which was clearer, and also in the pulse, which had fallen to 120 beats in the minute. I quieted the mother; told her the child would be better to-morrow, for I reasoned, according to Gregg, that the superabundant fibrin in the blood had found its normal outlet, and that the metastasis of the disease from the kidneys to the throat was certainly a step for the better. Sacch. lactis. in water.

December 31st.—Child is in her little chair, busily employed with her dolls and playthings; part of the diphtheritic membranes were hanging loosely in the throat, ready to drop off; stench gone; acrid discharge much less; patient wants something to eat; pulse 96. In a few days she was entirely well and has not been sick since.

So much for the pathology of diphtheria as taught, *not* by the “*awe-inspiring, regular* SCIENTIFIC physician,” but by R. R. Gregg, M. D., nothing but an humble follower of the great master, Hahnemann.

How the micrococci, vibriones, bacilli, and the other horrible little monsters got killed so quickly I do not know, but they certainly could not stand the Lachesis in the mm potency.

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## MAMMARY TUMOR CURED WITH CARBO AN.

PROF. J. T. KENT, A. M., M. D., ST. LOUIS.

Mrs. H. has had several children; she is about thirty-five years old; she has always had much difficulty with all her confinements. The last one was comparatively easy, and yet it was

tedious, owing to an elongated cervix. With the first she had an abscess in the mamma (r) and it was badly treated, so that the cicatrix has always been a source of trouble. Preparatory to her last confinement I prepared her as best I could, guided by her symptoms. The child is now some two months old and she is suffering with a hard lump in the right mamma. When I first observed the threatened trouble after the milk began to form, she took Graphites without benefit; also Phytolacca, but only temporary relief followed. The milk mostly dried up, and she now has a nodular lump with retraction of the nipple, and there are lumps in the axilla; she complains of burning and stinging in the lump; and her menstrual flow has come on. She says she has always menstruated during lactation. The flow is dark and clotted; when she goes to sleep she perspires freely; she seems greatly prostrated after a moderate loss of menstrea; she is somewhat cachectic.

For a choice of remedy we might arrange:

Burning in Mammæ.—*Apis*, *Bell.*, *Calc.*, *Carbo an.*, *Iod.*, *Lcd.*, *Mez.*, *Selen.*, *Laur.*, *Phos.*, *Lyc.*, *Tarent-c.*

Stinging in Mammæ.—*Apis*, *Berb.*, *Carbo an.*, *Con.*, *Kreosote*, *Graph.*, *Gratiola*, *Ind.*, *Iodine*, *Kali c.*, *Laur.*, *Lyc.*, *Murex*, *Nat-m.*, *Phos.*, *Rheum*, *Sang.*, *Sepia*.

Nodosities in Mammæ.—*Bell.*, *Carbo an.*, *Colocy.*, *Con.*, *Graph.*, *Lyc.*, *Nit-ac.*, *Sil.*

Cancer of Mammæ.—(Minton), *Bell.*, *Carbo an.*, *Coloc.*, *Con.*, *Graph.*, *Lyc.*, *Nit-ac.*, *Sil.*

Perspiration during Sleep.—*Carbo-an.*, *Cicuta*, *Chin.*, *Dros.*, *Euph.*, *Ferr.*, *Jatroph.*, *Merc.*, *Nux*, *Phos.*, *Puls.*, *Selen.*, *Thuja*.

Great Exhaustion after Menses.—*Alum.*, *Carbo an.*, *Chin.*, *Ipecac.*, *Phos.*

Menses during Lactation.—*Calc.*, *Sil.*

Neither of the last remedies correspond to the balance of the symptoms. But it will be seen that *Carbo-an.* and *Phos.* cover the case, and the menstrual flow, which is *dark* and *clotted*, is not so characteristic of *Phos.* as *Carbo an.* The exhaustion after the flow is more marked in *Carbo-an.* than in *Phos.*, though both have it in a marked degree.

"The flow weakens her; she can hardly speak; blood dark; (Guiding Symptoms) under *Carbo an.* *Carbo an.*<sup>3m</sup>, one dose dry, was administered. Four weeks, burning and stinging all gone; glands in axilla nearly gone. After the dose the cutting pains became worse for a few days. Medicine repeated in thirty-nine days. The lump has disappeared.

## “RECURRENT FIBROID” CURED BY SILICEA IN HIGH POTENCY.

Frank H., a compositor in the *Globe-Democrat* office, St. Louis, came to my office to have a tumor removed by the knife. It had been removed twice and was called a *recurrent fibroid*. It was the size of a hen's egg and very hard, located in the left side of the neck, not connected with the parotid, through growing a little below it. I advised him to give me time to prepare him for removal. I took his symptoms and found that he was better by wrapping up even the head. He was timid in going into a new enterprise, though abundantly able to perform the task. *He lacked confidence in his own ability, yet when he had begun he would do well.*

He took Silicea 5m., April 1st, 1883. Six weeks later he called, and the tumor was reduced one half. Sil. 72m., dry, one dose. Six weeks later almost gone. January 23d, 1884, Sil. 72m., one dose. The tumor has disappeared. This prescribing has been commented upon by a large number of friends, who think the one dose business a mystery. He got no Sac. Lac., as I had his confidence. I did not prescribe for the tumor, but for the patient. My prescription could not have been different had the tumor not been present.

The tumor was not included in the totality of symptoms, as it was not a symptom; it furnished no part of the guide to a remedy. The symptoms expressive of the whole state existed prior to the tumor, and it was the language of this pre-existing state that I read, as out of this pre-existing state, grew the tumor. I must interpret the language or expressions of *cause*, not *effect*. The man who is guided by pathology can use the knife. To use the knife is but to acknowledge one's ignorance of a method by which he can avoid cutting.—*J. T. Kent, in Medical Advance.*

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### CLINICAL CASE.

C. LIPPE, M. D., NEW YORK.

H. B., æt. eleven, awoke in the morning feeling tired, pain in back and limbs. As the day progressed commenced to feel prostrated and the throat pained him. Was called to see the patient in the evening. Found him very much prostrated; pain in the back and limbs; legs from the knee down cold; dry, hot



skin elsewhere; pulse, 120; throat on inspection showed an ulcerated spot on right tonsil, tongue in spots coated a yellowish white, breath offensive, putrid; on swallowing the pain is at one time on the right side and again on the left side. Gave Lac. can.<sup>cm</sup> (Fincke), one dose. Slept some during the night and had a profuse perspiration. On my visit in the evening found a new condition of the case. The odor from the mouth was much less; pulse, 100; the acute pain less but a condition of quinsy had set in. Complained of a lump in the throat which prevented swallowing. On the following morning the same conditions prevailed. In the evening found the aggravation was on the morning on waking, and at 5 P. M. there was decided motion of the *alæ nasi* on breathing and the acute pain was referred entirely to the right side of the throat, although the swelling of tonsils and hard and soft palate made swallowing difficult. Acids could be swallowed without difficulty. Gave Lyc.<sup>cm</sup> (Fincke), one dose. Had a restless night. Jumping up and talking in his sleep. Pulse going slowly down. Let the Lyc. act for forty-eight hours. At first there was an amelioration, then all curative action ceased; the throat was still painful on the right side and sensitive to touch, but now a complaint is made that all food tastes of *kerosene*, not water. I had met this peculiar symptom in the case of a young lady who took the remedy and complained to me of this strange taste. Having some other symptoms to warrant me, one dose of Lach.<sup>cm</sup> (Fincke) was given in the evening. The night was followed by a quiet sleep, and on the following morning found but little swelling, no ulceration. One more visit was paid and the case dismissed.

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### A CLINICAL CASE.

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

On the 17th of February last I attended Mrs. W., aet. forty years, during her first confinement, and delivered her of an apparently healthy male child. On the morning of the 19th I learned that the child had had no evacuation of either bladder or rectum, and that during the night it had vomited what, at the time of my visit, looked like meconium, and that at both five and eight and a half o'clock A. M., had passed an enormous quantity of clotted blood. I examined it carefully and could not detect the least trace of meconium, nor was it at all viscid, and I am sure that it was nothing but blood, part of which was clotted and almost black. No urine had been voided, and there was already

an emaciated look about the child. Lippe's Repertory, p. 126, gives :

"Blood, discharge of, from anus"—*Merc. cor.* (and many other remedies.)

Blood black—*Ant. c.*, *Merc. cor.*

Blood clotted—*Merc. cor.*, *Stram.*

*Merc. cor.* also has suppression of urine and vomiting of "blood like coffee grounds, and coagulated blood." (Not an exact description of the vomit but a *similar* one.) *R* 4 powders *Merc. cor.*, 45m. (F.) on every two hours.

At three and a half P. M. had slight discharge of blood, another still smaller in quantity, at about midnight, and a few drops of blood at 1.30 P. M. the next day (20th). The little boy had urinated during the night but the nurse could not tell exactly when. As each hæmorrhage succeeding the administration of the medicine had been lighter, no more medicine was given. The child has remained perfectly well to the present time, is growing finely, and its bowels and kidneys are normal in their action. Another item of interest, however, remains to be told: On the 6th of March the nurse found the little boy's breast full of a substance resembling milk and containing so much of the fluid as to be quite hard and at the same time "weeping" considerably.

I gave three powders of *Phytol. 5c* (T.) and had the satisfaction of finding each mammilla soft, and much smaller and without discharge in less than half a day. No recurrence of either phenomenon to date.

## BOOK NOTICES.

ANNUAL ADDRESS BEFORE THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, February 12th, 1884. By Everitt Hasbrouck, M. D., the President.

In an address of more than the usual ability, Dr Hasbrouck considers the question: Are we justified in maintaining a distinctive position? And his conclusion is that "until general acknowledgment shall have been secured, we are justified in maintaining a name and position in keeping with the truth we have espoused."

DIPHTHERIA AND ITS MANAGEMENT. By Thomas Nichol, M. D., LL. D., B. C. L. Pp. 22; price, 10 cents. Montreal: W. Drysdale & Co., 1884.

This is No. 1 of the *Montreal Tracts on Homœopathy*, popular tracts for the laity; and gives a succinct history of diphtheria and shows the greater success of Homœopathy in its treatment. It is well-written and should be the means of proving to the laity that there is an escape from the appalling statistics of allopathic treatment in this dread disease.

THE FIRST ANNUAL ANNOUNCEMENT OF THE HAHNEMANN MEDICAL COLLEGE OF SAN FRANCISCO.

This college opens with bright prospects and a good faculty; it will be the centre of *homœopathic* education for the Pacific Coast.

SOME OF THE DISEASES OF THE RECTUM, AND THEIR HOMŒOPATHIC AND SURGICAL TREATMENT. By Mortimer Ayres, M. D. Pp. 78; price, 75 cents. Chicago: Duncan Brothers, 1884.

Under the above title Dr. Ayres treats of rectal abscesses, ulcers, polypi, of hæmorrhoids, fistula in ano, etc. And, curiously enough, he includes constipation as among the diseases of the rectum. Why not include diarrhœa as well? The indications for such remedies as are mentioned for the various diseases are not well stated, and to our mind too many topical applications are advised.

THE HERING MEMORIAL VOLUME. Prepared by Drs. Ranc, Knerr, and Mohr. Philadelphia, 1884.

This volume is designed to give expression to the gratitude of the homœopathic profession for the great life and work of CONSTANTINE HERING.

No eulogies can add to his fame; that rests on the grand life achievements of the man. Nevertheless, this biographical sketch and these addresses are but the mete and just expression of appreciation, admiration, and gratitude from those who are now reaping the benefit of the tireless and unselfish labors of our lamented leader. As a further evidence of this gratitude EVERY physician should purchase a copy. The homœopathist who does not possess this memorial volume should be ashamed to acknowledge it.

SEXUAL NEURASTHENIA, ITS HYGIENE, CAUSES, SYMPTOMS, AND TREATMENT, WITH A CHAPTER ON DIET FOR THE NERVOUS. By George M. Beard, A. M., M. D. Edited by A. D. Rockwell, A. M., M. D. Pp. 270; price, \$2.00. New York: E. B. Treat, 1884.

Doctors Beard and Rockwell are so well known in connection with the study and treatment of nervous troubles that any work from them is sure of respectful attention. The present volume is composed of posthumous manuscript left by the late Dr. Beard and edited by Dr. Rockwell. The work is novel in its idea and interesting throughout; especially so to us is the chapter on "Diet for the Nervous." Dr. Beard believes in the evolution theory and would apply it to foods. He writes: "1st. The earth feeds on grass; fruits and cereals feed on the earth; the lower animals feed on fruits and cereals and on other animals; man, therefore, should feed mainly on the lower animals, with a small proportion of fruits and cereals."

"2d. In proportion as man grows sensitive through civilization or through disease, he should diminish the quantity of cereals and fruits, which are far below him in the scale of evolution, and increase the quantity of animal food, which is nearly related to him in the scale of evolution, and therefore more easily assimilated."

Moreover, it is stated "that man is good for man; and cannibals are the strongest and healthiest of savages."

Although the therapeutic measures recommended in this volume are different from those we of the Hahnemannian school rely on, nevertheless, the volume is well worth a careful perusal.

THE

# HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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## “MEDICAL EDUCATION” AND OUR COLLEGES AS CONTRIBUTORS THERETO.

Medical education has become a standard topic for consideration in all our largest gatherings of doctors, in institutes, associations, societies—large and small; and a very important topic it is and has been for no little time. Much has been said and written on the subject. Each year and each meeting of these bodies brings to our knowledge that there are minds very conscious of a want of something better in this than is found in our present experience, and these repeat each year and in each meeting the utterances of previous years and meetings, from which has come, as yet, small fruits of increase of knowledge, which alone may be supposed to constitute the something better so earnestly desired and advocated. Repetitions of these commonplace utterances, so cheap and so often heard, have added to no man's knowledge of the ways and means of healing the sicknesses of mankind, which we understand to be the only legitimate objective of “medical education.” That process or those teachers which fail to give this knowledge to medical pupils have done *nothing* toward imparting to them a *true* medical education, and it or they, who only repeat this year the work of the last and preceding years, have done nothing toward securing that “better” so long talked of and apparently so earnestly desired. Why should so good a work *stop*, so just *before* it begins?

The first and most obvious reason for this is a want of clear perception by these talkers of what constitutes a *true* medical



education, and none whatever of that which would go to make up the "better," so sorely needed, as an addition to present attainments, or of how this is to be gained. Medical education in general may be regarded as embracing a knowledge of practical medicine—*i. e.*, healing the sick by the use of medicines—and practical surgery—*i. e.*, healing such diseases and results of mechanical injuries as require mechanical means for their cure more or less, the two branches being included in the curriculum the neophyte is to pass before he is turned out of his college into the world to do his best for the sick or maimed who may trust him with the duty of their healing. So it will be seen his education is supposed to have given him a knowledge of many sciences, which, together, make up the idea of the education the healer should have received, and this wholly irrespective of the literary and art culture needful to prepare him to receive a knowledge of these sciences most perfectly. Such of these sciences as comprise the materialism of their professional education may be supposed to have been measurably well taught and acquired by the learner, *viz.*: Anatomy, physiology, pathology, pathological anatomy, histology, etiology, semeiology, diagnosis, prognosis, chemistry, and physics. He may go out for the duties of his practical life with a respectable knowledge of all these, or even he may be a master of them all (a rarity), and yet before sicknesses he may be called to cure, he will sigh for a something more and "better" than these; for neither of these nor all of them combined, however valuable as constituents of necessary knowledge to the healer, have any word as to the particular agent required for the cure of the case before him, and the knowledge of this is just what he wants now for relief of his patient and his own anxiety. It is not in these sciences which he may have been well taught, and may know with passable thoroughness, that that knowledge is found which equips him as a healer and gives him, before sicknesses with which he has to deal, the comfortable assurance that he is their master. With whatever of mastery of these sciences he may have, in spite of them all he stands before sickness powerless for its cure unless he has added to these the knowledge which enables him to lay his hand on the specific curative for the case before him. Without this knowledge he is in all clinical duties a doomed guesser and blunderer for life.

It is not, then, in these branches of professional knowledge that the sighed for and needed "better" is to be sought or found. Then, it may be pertinently asked, why is it that the best talent and most earnest labors of our schools are spent on these, while

the knowledge which enables one to *cure* is comparatively so greatly neglected?\*" And certain it is, that if any improvement is to be realized in our medical education, it is just here it must be found. Not that these named branches of knowledge are to be less perfectly or less earnestly taught, but that this other and more important than them all—the science of therapeutics—is to be less neglected. The other sciences named are of no practical value to the healer except as aids to the right administration of this last. Then, we repeat, why are these so sedulously cultivated and this so grossly neglected? Is it not apparent as the light of day that the "improvement" in medical education so much talked of and so greatly needed is in the reversal of this practice in our schools?—not in any neglect of these aids, but in giving proper and greater endeavor to this principal science, in which only is true philosophy of diseases and their curatives, and which discloses their relationship and teaches how the agent is found which cures, and dismisses from all clinical labors the painful burdens of doubt and guessing, inhering in all efforts at curing not so directed?

If this be the true view of the case, then it is evident that a second reason for the delay of the needed "reform" in the education of those who are to be our healers is found in what seems to be a fundamental mistake as to just where "reform" is to begin; and a mistake here is failure, and a total failure, as to the result. The beginning of "reform" must be with the *teacher* and not the *pupil*. The reverse of this seems to have been the idea of those who have recommended, as a remedy for the acknowledged need of improvement, to add a year to the time of pupilage, with a third course of lectures to the two previously required, before examination and graduation could be granted to the pupil, thus beginning at the wrong end of the problem. More time? This may be well enough, and indeed not unfrequently very desirable. But more lectures? This may be a remedy of doubtful value; or, indeed, it may be no

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\* In an "Annual Announcement" of one of our colleges, just received, we find set apart to teach the knowledge which characterizes our school—that of *materia medica* and therapeutics—five professors, two lecturers, and three clinical assistants (whatever these may be); and to teach other branches of knowledge, aids to our therapeutics, twenty-eight professors, assistants, lecturers, demonstrators, etc. It would seem that here has been an attempt to remedy the felt deficiency by a multiplication of the number of teachers. In this attempt there would seem to be light on the ideas of this school as to what is required in a medical education—ten teachers of all grades to instruct in the essentials of the education and twenty-eight to teach cognate branches—a little like placing a cone on its apex.

remedy at all for this greatly needed "reform" in our educational endeavors and experiences. How is this *third* course of lectures—which is likely to be virtually a repetition of the two previous ones, which were mainly given to teachings of *those aids* to the science of therapeutics—to remedy the previous neglect of this most important of all sciences to the practical healer? \* The third course may make the pupil more thoroughly master of a knowledge of these aids, but not better acquainted with that more important science, to which these are but aids, if the neglect of this, so characteristic of the teachings of the two previous terms, is to be continued. Neither more time nor more lectures of the same character are any cure for this neglect, nor is any other expedient which begins and ends with the pupil. The "reform" can only begin and progress with the teacher.

If the education received by our graduated pupils in medicine is defective, the defect is to be charged to the teacher—neglect of duty from a lack of care or knowledge on his part—or to the pupil—want of capacity or industry on his part. In a given case both these causes may have been active in producing the sad result. But until the neglect of the teacher, now almost, if not quite, universal in our schools, to teach, and teach thoroughly, the true philosophy of our fundamental law and its necessary corollaries, is amended, there can be no improvement in the education they impart to young men who resort to their class-rooms that they may there acquire the knowledge necessary to constitute them expert healers. The very knowledge they came for has been withheld from them by the negligence or incompetence of those whose duty it was to teach the philosophy as well as the practice of our science of therapeutics. We hazard little, we believe, if we assert that this neglect is nearly, if not quite, universal in our homœopathic medical colleges. With other colleges we have no concern. We believe truth will sustain this charge of neglect which we make. We believe this because, in the first place, we have failed to recognize evidence of a knowledge of this philosophy in any conversation we have had

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\* In the "Announcement" already mentioned, an arrangement has been made to avoid the *repetition* here spoken of, by giving the student instruction in different branches of science in successive lecture terms. This is no doubt an improvement on the earlier method, which crowded all together, so that the pupil, at the end, was rather wearied than instructed. But it does not appear in this arrangement that there has been brought into it any plan or man to teach more or more thoroughly the fundamental and essential philosophy of our *materia medica* and therapeutics, and whatever of change or improvement which leaves this radical defect unprovided for, leaves the education of the pupil inadequate to the discharge of his prospective duties.



or heard with recent graduates, and when such have been met in assemblages of doctors, they have been silent as to all relating to this philosophy. They have seemed to have no inkling of an idea that there was any such philosophy in the world. They had come out from their colleges possessed of all they have had to impart, and in it all there has been found no apology even for this philosophy, so conspicuous by its absence from their ideas of needed medical knowledge. In the second place, we believe this because, when talking with students from two of our colleges, where, as we are informed, the largest classes are gathered, and which, we believe, as compared with the whole number of such colleges, are best furnished with talent in their teachers, who are as earnest and faithful as others, in their endeavors to instruct their classes, yet these students, each more than commonly endowed with general intelligence, and having just closed a lecture term, when asked as to whether they had been taught this philosophy, declared they had never heard of any such thing, and their conversation confirmed the impression of their utter ignorance of it. They had neither of them heard the *Organon* mentioned, from the beginning to the end of their lecture term, though in this is the clearest expression of that philosophy, so indispensable to a scientific practice of our therapeutics, and yet in pretended teaching of the young the knowledge they needed to constitute them expert healers, this indispensable element, had been almost wholly left out. Are we then in the wrong when we affirm that any reform in our elementary educational processes must begin in a reform of our teachers if there is to be realized a reform of any real value. And that this is to be carried into reforming them of their negligence, indolence, or ignorance, of each or all of these, where present, till a knowledge of the therapeutics they profess to teach shall be given to their pupils in all faithfulness and fullness, both in its science and practice.

If this be the true view of the case, what are we to think of the wisdom, or want of it, which thinks it has found a remedy for this fundamental defect in the body of our *teachers*, in extending the time in which *pupils* shall be exposed to the old, repeated short-comings which have all along left graduated pupils so nearly destitute of a knowledge which alone can constitute a basis of a scientific and successful practice of our divinely given system of therapeutics? If the result of this plan of relieving the teachers from the odium of a burden so justly belonging to them, by this proposed misuse of the pupil's time and means, were less important and less sad, this result, which



we have heard boasted of as a great advance in educational experience by these teachers themselves, would at once relegate itself to the category of plans and resorts the most absurd. And the singular part of it all is the apparent want of consciousness on the part of these teachers that there is anything at all absurd in it. They do not seem to see that *quantity of time* can be no remedy for *defective quality of teaching*. Though it would appear, on the face of the suggestion, that no greater absurdity can possibly be inaugurated. If the idea has originated with these teachers, as seems to be the fact, is not its promulgation evidence of a blindness on their part as to the true nature of the needed reform rather discouraging as to any hope of this coming from any effort on their part to supply our great need? How can they be expected to teach the philosophy and practice of our therapeutics when the whole basic philosophy on which this science rests is so wholly absent from their own minds? It is unquestionably true that just here is the great defect in the education given to our young men who are sent out to treat the sicknesses of mankind by these institutions which are trusted to furnish them with the knowledge needed for their life work. The very core and essence of this knowledge, that of the science of therapeutics, which alone can give them the power to cure, has been so almost entirely left out. Curing is but the practical application of this science for relief of the sick. And yet students but recently from the class-room, at the close of the term of two of our best colleges, have assured me they have heard no word of the philosophy of this science from the first to the last lecture of the course. The science of therapeutics is left out. This is the defect in our educational process which so greatly needs to be cured. This, it is not necessary to repeat, cannot be accomplished by an additional term of lectures to be characterized by this repeated neglect.

Nor is it by any endeavor to bring our colleges into the most perfect likeness possible to those of old-school physie, by teaching the sciences, which are but aids to our therapeutics, as these are there taught. These aids are presumably well enough taught in both. The difficulty with us is that that to which these sciences are but aids is not taught at all, or so imperfectly that the graduate is wholly unable to apply it in the duty of practical healing. The question then is, if we are to have reform in our medical educational processes, the defect being in the *teachers*, whether this shall be realized by a reform *in* these teachers or by reforming them *out*. This, or the old, defective, unsatisfactory process continued—which? Is there any middle ground

or course from which relief can come? Nay, but the reform must be more knowledge with the teacher and greater diligence in imparting this to the pupil. Then, if the pupil be found defective, let him bear the disgrace.—P. P. WELLS, in *Hom. Jour. of Obstetrics, etc.*

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### A CURIOUS STATEMENT.

J. T. Kent, M. D.: As you have known me and been my true friend for eight years, and as I think you have confidence in me to believe that I would not knowingly deceive you in one iota, I make the following statement to you as a physician, in strict confidence as to my personal identity, whatever use you may be pleased to make of this. An added affidavit could not make it any truer or qualify one word.

It has always been my sentiment that he who has others dependent upon him and backs out of life's ills by suicide is a coward and a sneak, and not necessarily insane. I hold that the suicide who in the act makes a mess of himself for others to clean up is more hog than gentleman. Of late years, having no one dependent upon me, and steadily failing in health, I have come to the conclusion that should the time ever come when I found myself useless, hopeless, penniless, dependent upon others and no prospect of improvement, perhaps the enforced companion of vile and ignorant paupers, that I had or would take the right to return to the dreamless sleep from which I was awakened and squeezed headlong into "this vain and wicked world," January 10th, 1841. Like Longfellow's Spanish student, I reasoned,

"What is death?

To leave all disappointment, care, and sorrow,  
To leave all falsehood, treachery, and unkindness;  
All ignominy, suffering, and despair,  
And be at rest forever! O dear heart!  
Be of good cheer; when thou shalt cease to beat,  
Then shalt thou cease to suffer and complain."

On the morning of February 22d, the condition above referred to seemed to have fully arrived; being sick, destitute, no friends, no aid, no hope, nothing but misery and despair ahead, I crawled out and bought a phial of Powers & Weightman's *Sulph. morphia*, sixty grains, and the phial was full. It was bought at a drug store where I traded. I saw it taken from an ounce package in stock, and was handed to me without ques-

tion or remark.\* To be sure of its quality, I tested it with the tongue and found the usual bitter taste, though I never had used that or any other drug at all. The remainder of the day I employed "setting the house in order," disposing of my few effects, writing a few messages to friends—all in a calm frame of mind, like one who approaches the end of a long and weary journey where soon he is to enjoy blessed rest. At 6.30 P. M. I shook about one-quarter the contents of the phial—not less than fifteen grains, probably more—into a glass, mixed well with water. I poured out a big horn of good whisky long had on hand, drank it, and drank the contents of the glass to the dregs. Then, lying down on the bed on my right side, I said, "Good-bye, vain, weary world," and fell asleep.

In this house there boards a lady and gentleman in whose family I had boarded for a year, and they esteem me highly. While long ill the kind-hearted lady had tended me with a sister's anxiety and care. Passing my room just before midnight, she saw that the gas was alight within. She knocked. No answer. She opened the door. The gas burned low. I lay on my right side, arms folded. She asked me if I needed anything. I muttered an incoherent sentence, the only word of which she could distinguish was "tobacco." She asked what I said. I muttered the same sentence. She retired to bed, but not to sleep. At 2.30 A. M., 23d ult., I awoke, surprised and vexed to find myself still alive. I was wet through with a cold perspiration; my pulse beat so slowly (unless I am mistaken) that I tired of trying to count it; my brain was perfectly clear; my legs were useless. I sat on the side of the bed leaning back on my elbow, fearing that I might pitch headlong on the floor and disturb the house. Remembering a forgotten message, I pitched along to my table and tried to write. My sight was dim. I could not control the arm, but after a fight of will wrote legibly. The door opened again, my back to it. The good lady asked, "Are you sick? Can I do anything for you?" to which I shook my head and she retired at ease in mind. I could not control the mouth muscles to articulate. Then, pouring out another horn of whisky and supplementing it by full *thirty* grains of morphine, I resumed the former position on the bed at 3.15 A. M. At 4.30 P. M. of that day the landlady rapped at my door. (It had been erroneously stated that A. M. that I went out early, so no one had been near.) "Do you need anything?"

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\*Since called and made a fuss, etc., of phial only chalk, etc.—no good. Biggest kind o' a'ths it came out of regular 8-phial oz. package, etc.



"No, thanks." "Will you be down to tea?" "Probably." I have no recollection of that dialogue, nor of the previous muttered sentence to the first lady. At 6 o'clock P. M. I awoke; had not moved a muscle. The same surprise and anger, the same cold perspiration. I felt and looked to see where I had vomited. Not a drop. No excretion from the body but sweat. I instantly swallowed the remaining fifteen grains as before, in desperation. Fell asleep exactly as before. At midnight I awoke and sat up, leaning against the wall, and expressed myself mentally thus: "Well, here's a hell of a go! Sixty grains of morphine in twenty-four hours and alive yet! Reckon my time has not come, my work not done yet. There may, after all, be 'a Divinity that shapes our ends rough.'" A tap at the door. I grunted. The lady entered, glanced at me, gave a scream, and fled. She had the sense to moderate her scream, ere it was all out, and returned. "Oh! how horrible you look! Are you raving mad? You look dreadfully! O horrors! what a sight!" and she put her hands before her eyes. My mouth and throat had not a drop of moisture, yet I was not in the least thirsty. I took hold of my chin and managed to articulate, "I'm sick, but all right." "What can I get you?" she asked. "All the cold coffee in the kitchen." She brought me a quart of the strongest and best of coffee. I drank it all. I asked her to make more. She did so, and in half an hour I drank another quart. I then asked for her husband. I felt that I wanted company. He came, a timid man. He was frightened at my looks, and I laughed to see him place his chair convenient to the open door so that he could "skip" in case I "tackled" him. I undressed and went to bed and slept restless slumber. Since taking the first dose, a raw spot the size of a dime had appeared on my left temple, one on each knee, and one at the base of the spine. At 9 o'clock A. M., Sunday, 24th, a friend for whom I had sent arrived, also a Dr. R., allopath, a man of large practice, a grand man, and a friend of mine. When I told him what I had done he would not believe it. "I had vomited." "Show me where? Examine the vessel, every place; I have not left this room." "Ah! suspecting your motive, they gave you a harmless mixture." He took the phial and later tested the particles adhering to its bottom and sides. They stood the test as genuine. He stated the case to two contemporaries and they scorned the statement as impossible. I don't think he believes me to be a liar, but I'm sure he doubts my accuracy as to quantity. He is welcome. I *know* I took sixty grains in twenty-four hours. He only ordered more coffee and a prescription to open bowels—Podophyllin. No effect. Another of castor



and croton oils. At midnight, a slight movement aided by injection. For several days was very weak and sleepless, and yet I'm not sure I was any weaker or more sleepless than before the doses. He gave me pills composed of strychnine, phosphorus, cayenne, and iron. As usual, they made me sick; as usual, I threw them away and improved. Am still in much the weak and useless state I was prior to February 22d. Said Dr. R. very earnestly: "You have a constitution of iron, a will of steel, and brains enough for two men. Don't try to back out again. You have a high mark to make in this world yet." If any one will kindly loan me a piece of chalk, I'll stand on a chair and make the mark as high on the wall as possible.

N. H., Ct., *March 16th*, 1884.

J. S. H.

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## A MEDICAL STUDENT'S CLINICAL OBSERVATIONS IN THE TWO SCHOOLS OF MEDICINE.\*

ROLLIN R. GREGG, M. D., BUFFALO, N. Y.

August, 1849, I began the study of medicine in Michigan with an allopathic physician of marked ability, large practice, and many years of experience. But notwithstanding his great experience, or, rather, no doubt, because of this, he frequently deprecated the uncertainties of medicine. Sometimes, indeed, his dissatisfaction was expressed in no very mild or measured terms.

Late in the fall of the same year, I received a letter from an uncle, the late Dr. Durfee Chase, of Palmyra, N. Y. (who had heard I had commenced the study of medicine), urging me to study Homœopathy, and telling me at the same time of the much greater certainties and satisfaction in its practice than in that of the old school. To give force to what he said, he referred to twenty years of extended experience in the practice of allopathy and ten years in the practice of Homœopathy, and said nothing could induce him to return to the old school methods of treating disease. Not long afterward I referred the matter to my old school preceptor to get his opinion, and, of course, received it in vigorous language, which was not complimentary to the new system of medicine.

Time wore on, and with it came frequent deprecations from

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\* Read before I. H. A., June, 1883.

my preceptor of unsatisfactory results in the treatment of even ordinary cases of disease, until, one day in the succeeding spring, he came into his office on his return from visiting a patient two or three miles distant, and seizing his saddle-bags in his right hand (from off the flexed left forearm, where he bore them very proudly when going out to or coming in from his carriage), threw them with all his force into the farthest corner of his office, and exclaimed: "There, — you, lie there, I will never take you out of this office again as long as I live." His partner, who was present, and I both looked up in astonishment from our reading, and both asked: "Why, Doctor, what is the matter?" "Matter enough, — it," was his vigorous response, and that was all we could get out of him for some time, until he became calmer. Then he said: "I was called yesterday afternoon to see Mr. —, who had a simple attack of the bowels that any old woman could have cured in a few hours with a little herb tea, but I, like a fool, must give him some of my medicine, and now he is in a dying condition and will die to-night." Then he went on raving again in his chagrin and honest indignation at the result, and denouncing medicine as a system of barbarism, with no science, or truth, or certainty in it, as much more liable to kill than to cure, etc., etc.

After he was through I did not fail to remind him of the talks we had had of Homœopathy, and that I had better be looking into that, if such were the facts about his system of practice; but this only added fuel to the flame. Said he: "D—— Homœopathy, it is nothing but a system of quackery. All the traditions of medicine from Hippocrates down are with our school, and what knowledge is possessed in medicine, which is very little, is with us, and there is no other way but to hold on until something better comes," etc. True to his judgment, his patient did die that night; but not true to his own vigorous declarations, he was out himself, bearing his saddle-bags as proudly as ever, and visiting other patients before night of that same day. To do him justice, however, he appeared to shrink from going, for fear of the further mischief he might do, and expressed himself in some such manner.

In the meantime I had been having more correspondence with Dr. Chase about Homœopathy, asking questions as to its principles and what it could really do in serious forms of disease; if his experience in it had shown him that in similar cases it worked better results than allopathic medication, to all of which were received favorable and what appeared to be truthful replies.

During my study of allopathy, moreover, there was another

thing that did not escape my attention. It was this : I met some of the ablest physicians in the State, and one of the foremost topics of conversation with them always was the uncertainties of medicine ; with remarks to me personally that it was right and all very well for me to be enthusiastic then, and press on in my studies, but when I entered upon practice I would be brought face to face with the realities of medicine, which I would find far different from the theory, and the longer I practiced, the less would be my confidence in it. Repeatedly were these things said to me, and the older and the more experienced the physician, the more and stronger would he talk in this way.

The effect of all this talk upon a mental constitution averse to doing violence to the human system with crude or harsh medicines (some of which I had taken) finally was that in June, 1850, I packed my trunk and went after "that humbug, Homœopathy." And let me say here, in passing, that I was not long in satisfying myself with the change.

The first striking case I saw cured homœopathically, not long after entering Dr. Chase's office, was a very severe case of chorea in a girl of about twenty years. She had been suffering for a year or over, was pale and emaciated, and in almost constant motion ; and the father told the doctor he had paid out over a hundred dollars for medical treatment for her, but she had continued getting steadily worse. The doctor prescribed Pulsatilla, 6th centesimal potency, made five prescriptions for her at intervals of one to two weeks, charged twenty-five cents for each prescription, and entirely cured the patient, at a total cost to the father of *one dollar and twenty-five cents*. My interest in the new system was then a little aroused, as may well be imagined.

The next striking effect I saw from homœopathic treatment was upon myself. For several years I had been attacked once or twice a year with a hard aching pain in the left leg from the thigh to the ankle, as though it were in the bones, always crippling me so that it was difficult to walk for a day or two. In the fall after entering Dr. Chase's office I was attacked with this pain ; bore it part of one day and into the next, when I consulted the Doctor about it. He gave me a dose of Rhus tox., 6th centesimal potency, which relieved me entirely of pain in an hour or less ; and in two or three hours large yellow pustules broke out upon the leg below the knee, and continued out two or three days, then dried up. From that day to this I have never had that pain or the least threatening of it.

There was not the slightest appearance of pustules on the leg at the time the dose of Rhus was taken, never had any appeared



before—upon the relief of the pain or under any circumstances; and it was a great wonder to me then and for years thereafter how suppuration could have taken place in those pustules in two or three hours. It was entirely contrary to all the teachings of the books then and since about suppuration, and excited my interest. Twelve years afterward I found the solution of the mystery in the facts: that all pus corpuscles are nothing but decolorized blood corpuscles; that the serum of the blood of all subjects having a tendency to tuberculosis is too watery; that when such is the case some of the blood corpuscles are decolorized prematurely in the circulation by the too watery serum and under the law of endosmosis; that my blood was at that time and had from childhood been too watery, hence some of these decolorized blood corpuscles were at all times circulating in my vessels; that the attacks of pain were due to a partial congestion of these decolorized corpuscles, or some of them, in the vessels of the bones of the leg to give me the pain; and that the dose of Rhus speedily relieved that congestion and forced those corpuscles to the surface to congest in the pustules; hence the suppuration in two or three hours. Those corpuscles were already decolorized and congested in the vessels of that leg, and all that was needed was to bring them to the surface, as they were by the action of Rhus, to give relief and to present the evidences of such hasty suppuration. Thus it is that simple and trifling facts in themselves overturn all the fine-spun and high-sounding theories that ignorance and error have been centuries in building. I have seen many evidences of similar rapid suppurations under the curative action of medicine in other cases since.

A few months after that I again had personal evidence of the speedy relief that the new system of medicine would afford in severe and serious suffering. After months of close confinement and very hard study, I was one day attacked with headache, not very severe at first, but which increased in severity as the day passed on, became worse in the evening, so that little sleep was obtained that night, and by the next morning reached such violence in darting pains through my temples when dressing that I could not remain up any longer. This was an entirely new experience for me, as I had not had pains of any kind in the head in years. The appetite was entirely gone, the tongue coated, and the only way I could endure the pain was by keeping very quiet. The Doctor, being informed I was ill, came in to see me, inquired into the particulars of the symptoms, gave me four or five small pellets of Bryonia, 6th centesimal potency, dry upon my tongue, stood by me five or ten minutes, when he



stepped into another room—and where I followed him in less than another ten minutes almost wholly relieved from pain. And I never had that pain afterward, although I went on with my studies about as hard as ever that afternoon.

At the close of my first year's study of Homœopathy I returned home to Michigan on a visit to my parents. While there I heard that there was an epidemic of dysentery prevailing in an adjoining county, from which many were dying. This prompted me to leave some homœopathic remedies for dysentery in case any of the family should be attacked. I left *Arsenicum* and *Nux vomica* only in the 6th centesimal potency. Two weeks after leaving home to return to my studies, my father was taken down with what proved to be a terrible attack of that disease. He had no confidence in Homœopathy and sent for his family physician (who was my old allopathic preceptor) as soon as he was attacked. The disease increased in violence from day to day, until there was scarcely any sleep; evacuations of blood and mucus, with great suffering from tenesmus, every five to ten minutes night and day; high fever with tongue entirely dry and almost black, and other correspondingly severe and alarming symptoms. On the ninth or tenth day counsel was called, and little hope was given of his recovery. The next morning another consultation was held. The patient had passed a terrible night, and the physicians left the house at 11 A. M., after saying they could give no more encouragement in the case.

My mother had seen the danger for several days, and being a resolute woman when aroused, told my father that she was going to take the responsibility of stopping the allopathic treatment and depending upon the homœopathic remedies I had left. He pleaded with her not to do so, saying he was too ill and in too great danger to permit a change of medicine; but the change was made and one dose of four or five pills of *Arsenicum* given him upon his very dry tongue. In ten minutes he expressed himself as feeling much relieved, in fifteen minutes he fell asleep and slept as peacefully as a child for four hours. During his sleep he perspired so excessively as to saturate the bedding under him entirely through from his head to his feet—the first perspiration he had had from the beginning of his disease. On awakening he said he was entirely free from pain and greatly refreshed, partook of some broth with a relish, and that was the end of all dysenteric action in his case.

At 4 P. M. his physician called again to see him, and his first expression was: "For God's sake, what has been done here and what does this mean?" My mother said: "Why, Doctor, what

is the matter?" "Why," he said, "I left this patient five hours ago a dying man, and now he is entirely out of danger and convalescence fully established; his fever is all gone; his tongue, from being so dry and black for days, has become moist and almost natural; and did I not know the fact, I could not have been made to believe he had been seriously sick." Then he further said "that in all his experience he had never seen anything like it, or that at all approached it," and again asked what it meant, or what could be the explanation of it. My mother then told him she stopped his medicine and gave one dose of homœopathic medicine I had left for dysentery soon after he left the house in the morning, and explained the quick effect it had in giving relief and putting the patient to sleep. Upon this the Doctor took his hat and left the house, and never called again. Convalescence was short, rapid, and complete, no further trouble of any kind arising in the case.

Perhaps it should be said, in partial explanation of the marvelous rapidity of relief and cure in this case, that my father was naturally a robust, strong man, with good powers of endurance. But there can be no doubt he would have died of his disease in two or three days at most but for that fortunate dose of Arsenicum and the stopping of violent medicine. He was then about sixty years of age and lived until his eighty-fourth year.

A month or six weeks after my return to my studies from that fortunate visit home, I was again astonished at the marvels Homœopathy will often accomplish when rightly handled. One very cool afternoon in July, so cool as to almost require a fire to keep us comfortable, Dr. Chase, another student, and myself, were sitting in the office reading, when two men entered to consult the Doctor. One of these was a dark-complexioned man, of black hair and eyes, and had a haggard and greatly distressed expression of countenance. He was a canal-boat captain and the other man was his steersman and came with him to take care of him and prevent his doing violence. The latter explained that the captain had been suffering from earache three or four days, had scarcely slept at all for two or three days and nights, and on his way down from Rochester that day had become delirious and driven his family out of the cabin, thrown furniture into the canal, and attempted other acts of violence. His pain was all confined to his left ear, if I remember rightly; he was writhing in agony, and there was not the slightest appearance yet of suppuration.

The Doctor gave him a few pellets of Chamomilla, 6th, dry

upon his tongue. In five minutes he expressed a sense of great relief, in ten minutes he said he was wholly relieved and began to perspire; and notwithstanding the office was uncomfortably cool for the rest of us, I never before or since saw any man perspire so profusely as he did for an hour. The water ran down his face and neck in streams, his hair was saturated, and his clothes were drenched with it. Upon baring his breast and back the water was running in numerous streams half as wide as one's finger down his body. There had been no breaking of the abscess in the ear to afford this marvelous relief and account for the result, as we examined into that very carefully, and there was nothing else it could be attributed to but the effect of Chamomilla. Nor was he a strongly built or vigorous appearing man, to thus account for such a powerful reaction. On the contrary, he was a man of medium height, thin in flesh, and of a decidedly bilious appearance; so the medicine in this case must have the whole credit in the wonderful transformation. In less than two hours he left the office a fully restored man in mind and body, and as happy as only a person under such circumstances knows how to be. We heard from him afterward, and he had no further trouble.

Apropos to this case I will speak of another case of earache occurring in the first year of my practice. This was in a little girl aged four or five years, whom I attended forty-eight hours without relief, when she became frantic from pain, with screaming, rolling on the floor, and was becoming unmanageable. I had given her several remedies, including Chamomilla, with no effect, and at this juncture of such violence I gave her one dose of Coffea, 6th, which wholly relieved her in five to ten minutes, and she had no more pain afterward, notwithstanding the abscess in the ear went on gathering, but did not break until two days afterward, when it did and discharged quite profusely. Thus it is that Homœopathy frequently lifts us above suffering, while what the old school regards as the physical necessities for pain continue. Again, no longer ago than the spring of 1882, I relieved just as marvelously a delicate, sickly man, whom I had been treating two or three days for earache, left side, without relief, by giving him one dose of Arnica, 1000th potency, (Jenichen's), under the symptom of great soreness of the ear and whole side of the head affected. Nor in his case was there a breaking of an abscess to account for the effect. Entire relief came in half an hour or so, but no discharge.

Another proof of relief given by our remedies before the discharge of a gathering abscess it might be well to give in this



connection. A month or two after I began the practice of medicine an editor consulted me for a felon upon one of his thumbs, from which he had been suffering greatly about a week. He told me he had scarcely slept at all for three or four days and nights. This was about seven P. M., and I gave him a dose of Phosphorus, 30th, and told him to go to bed as soon as he could reach his room. This he did, fell asleep at once, and did not wake until nine o'clock the next morning, when he found himself in the exact position he took on lying down the night before, apparently not having moved during the whole night. But his felon did not break to discharge the least until two days afterward.

But we must get back from this digression to student life, as that is our special theme now. And here is as good a place as any to tell of the remarkable difference I found in the talk of the few homœopathic physicians I met in those early times about the action of medicine, and the beautiful results they had seen in contrast with what I had heard so much of in the old school upon that subject. Those homœopathic physicians had all been allopathists before going into the new school, some of them having had much experience therein; and it was of no little interest to me to hear them talk of the old school exactly as I had heard it so often talked of before by those who were still in it and whose prejudices were all in its favor, and the enthusiasm of the former for the new school and what it could do. Again, when I met old school physicians, after beginning the study of Homœopathy, to talk with them of the action of medicine, it was the same old story with them, as it had been with others before, of the uncertainties of and dissatisfaction with the practice of medicine.

During the balance of my student life I saw much more, of course, of the marvelous reliefs given and great cures accomplished homœopathically than is above narrated; but as this paper is already getting lengthy, I must pass all that and hasten on to another personal experience that changed my whole current of thought in Homœopathy and left its impress with me for a lifetime.

From hard study and little out-door exercise I became greatly constipated. For this I consulted my preceptor, and he prescribed Nux vomica, 6th, three or four doses a day. There was, however, no satisfactory result from its action, and he then gave me Sulphur, 12th, alternately with Nux, two doses each day for a time. This had no better effect, and Sulphur was dropped and Bryonia, 6th, substituted for it, with Nux continued. There



was still no effect, and other remedies were tried in alternation with Nux, but all to no purpose, unless it were to make me worse. Certain it was that I became worse under several months of this treatment.

This took me along to the time of going to attend my first course of lectures in Cleveland, in the fall of 1851. There I consulted two or three of the professors, and they all told me to take Nux vomica. Upon telling them I had been taking it several months with no effect excepting to get worse, they said it must be taken stronger and gave me the third. This soon made me much worse than I had ever been. I would go four or five days then without a movement of the bowels, and suffer greatly when they did move. Besides that, other symptoms arose that I had never experienced before, and which were so severe as to alarm me not a little, and show me I must not continue that potency.

From that time on to the succeeding fall, when I went to Philadelphia to attend lectures in the Homœopathic College there, I got along as best I could, sometimes taking remedies and sometimes not, but with no improvement, whether taking medicine or not. Indeed, I grew gradually worse all that year, and reached a condition where I did not have an evacuation from the bowels short of a week or over, and then with great suffering. Arrived at Philadelphia, I consulted two or three of the professors, who all told me to take Nux vomica. Upon telling them I had taken it and how long, they told me to take it stronger. Again I took it in the third potency, but it required only a few days to greatly aggravate my case in every way.

I would then go ten days without any action whatever of the bowels or inclination thereto; and when I did get an evacuation, the stool would be no larger than one's thumb, excessively hard and almost black, and followed with severe suffering for several hours or most of the day. All of this time, too, I had a "sweating of blood" from the axilla; that is, my linen always showed a marked reddish tinge there after a day or two of wear. This is a characteristic symptom of Nux vomica, and showed to what an extent this drug had injured and was still injuring me. I, of course, took no more of it, and gave up all idea of further consulting professors of colleges, who had themselves abandoned all the better teachings of Hahnemann or had never accepted them, and knew so little on these points in comparison with what they ought to have known for their positions.

But for the previous remarkable results I had seen, and have herein recorded in part, and my study of Hahnemann's writings,

I should have abandoned Homœopathy as the "humbug" and "system of quackery" my allopathic preceptor had so vigorously proclaimed it to be. But I knew the truth in therapeutics lay somewhere within its sacred precincts to have worked out such results as I had seen.

With this conviction indelibly stamped upon my mind, I went to reading Hahnemann and Bœnninghausen more attentively than ever before. In the latter's *Therapeutic Pocket Book* I looked up my case with the greatest care for several days, and finally concluded Pulsatilla was the remedy indicated. I then went to Rademacher & Shufe's pharmacy and procured a vial of that remedy in the 200th potency (Jenichien's).

At about 5 P. M., I took one dose of four or five small pellets of it dry upon the tongue, though with the greatest doubts of that potency being able to afford me any relief. The next day, however, to my great surprise, I felt better than before in months. In two or three days my bowels moved much more naturally than they had in a year or over, and with comparatively little suffering. Day after day I improved more and more through the first week. At the end of that time, there not being quite so perceptible an improvement from day to day, and fearing to lose the happy effect that had been started, I took another similar dose of the same remedy. This afforded still more relief, my bowels became quite natural in their movements every other day and without suffering, the red perspiration ceased, and I began to feel like a regenerated man.

Ten days after the second dose, fearing again to lose the effect of the medicine, but with no other reason for it but that fear, and with no need for further dosing, I took a third dose of the same remedy and same potency. Then was when I rued it, but had my eyes opened. I never felt worse in all my suffering than the next day after that third dose, and for a week or more after it. Again I went ten days without a movement of the bowels, and then with great suffering, and had all my worst symptoms repeated through the ten days or over before there was much letting up in the aggravation.

Another long search for some other remedy, and for an antidote to Pulsatilla, led me to decide upon Belladonna as that remedy. Of this I finally took one dose, also in the 200th potency, and the relief it afforded was almost as marked, in a day or two, as from the first dose of Pulsatilla. I let the Belladonna act two or three weeks, when a second dose of it was taken and that ended the constipation and all serious symptoms without the need of further medication.

There was no indiscretion in diet, late hours, or cold taken to account for the greatly aggravated symptoms after that third dose of Pulsatilla. My long suffering had made me exceedingly cautious in every way and against everything that could disturb my system, and as great, if not greater, care was then taken, so that the full action of medicine should not be interfered with. Consequently there could be no question that the great aggravation was from that third dose of Pulsatilla.

Moreover, on taking the first dose of it I had no confidence it could do me any good in that potency; had never seen a dose of medicine given in a higher potency than the 30th; so there was no imagination about it to work its first results, as some of our brethren seem so fond of proclaiming in all like cases. Furthermore, at the time of taking the third dose, all the hope and confidence in my nature was aroused and concentrated in the idea that I was going to get a complete and thorough cure of all symptoms from that remedy; so here again, if it were imagination that works cures in these cases, I should have gone on recovering more rapidly than before. All who have suffered can imagine the great disappointment to me in being thrown back to my worst condition when hope was at its highest for entire relief.

Thus, then, did an inexperienced student's confidence in the principles underlying our school, and his faith in the teachings of Hahnemann and Bönninghausen (which show their truthfulness so clearly, whether we look upon their surface or go their very depths), counteract the wrongs in one case, and show the shallow therapeutic wisdom of a half a dozen or more professors in two medical colleges, who did not hesitate to violate much of Hahnemann's best teachings.

It was the fashion then, as now, to denounce from the lecture platforms the purer teaching of Homœopathy, and also to denounce the few who were then struggling to secure a recognition of the better way. Often did I hear it, even was influenced to some extent by it, and but for my own sufferings from false teachings, and salvation through the higher truths of Hahnemann, might to-day be occupying the lower plane with the throng and denouncing those above. And in conclusion of this point, woe be to the good name of those professors of to-day who fail to teach Hahnemann, at least in the minds of all those of their students who ever do come to a knowledge of the truth.

From that day to this, now over thirty years, I have given as much, or more, thought and observation to the question of repeating doses as to any other one branch of medicine. And from those years of thought, observation, and experience, I have no



hesitation in proclaiming it as a *fact* that all the other evils against our school put together have not undermined the confidence of such great numbers of our practitioners in the indications and efficacy of our remedies so much, and retarded the advance of our school and its vastly superior therapeutics so effectually, as has this great error of repeating doses too frequently.

How could it be otherwise? The frequent repetition of doses of the *right* remedy, if that be selected, aggravates the symptoms in the majority of all serious cases of disease, often greatly *aggravates* such cases. Then, when that is done, the physician gets alarmed from seeing his patient growing rapidly worse, and gives another remedy, or perhaps several others. As soon as the patient's system can react and rally from the aggravation of the first medicine, which may be still the only *curative* remedy for the case, he gets better; the doctor attributes the relief to one or more of the subsequent remedies, which have really done nothing in the case, only perhaps to retard it; and his confidence in the first medicine for that combination of symptoms which called correctly for it is gone. Consequently he takes a step back toward empiricism. Numerous failures of a like character confirm him in his first step and hurry him on to others until he is lost in skepticism and empiricism, whereas a dose, or two doses at most, of the *right* remedy would have shown him such marvelous beauties in its curative powers in that same case, and all cases of exactly similar symptoms, that he would cling to his true indications as tenaciously as to his life. Such experience, too, would enable him to help in building up the most important science, that of true homœopathic therapeutics, with which this world has anything to do, and for which it has the greatest need. In contrast with this, how ugly is the reverse side of the picture becoming, and is being made more ugly every day from the would-be artists in our ranks.

From the time of that remarkable relief from the two doses of Pulsatilla, and the equally remarkable aggravation from the third dose of it, to the present day, I have read most of the journals published in our school, and have carefully scanned multitudes of clinical reports of cases treated, and the method pursued by great numbers of physicians reporting on their treatment and its results.

In that time I must have read hundreds of cases where the evidences were clear that the right remedy was given at first, and afforded great relief for a day or two, or a few days in acute cases, or a week to a few weeks in chronic cases; but the doses



being repeated every hour or two, or few hours, serious and often alarming symptoms would be reported and the remedy changed. On the contrary, had but one or two doses been given during several days in acute, or many weeks in chronic cases, the physician would have had a brilliant cure to have reported, instead of the dragging and unsatisfactory record that was finally given of the case.

The evidence of aggravations from the right remedy have been so great in large numbers of these cases that I have often wondered the prescriber did not see them himself. And what is a still worse feature of this business is that not a few of these reports have been by our very best and closest prescribers. Indeed, the better the selection of the remedy the more certain the injury from its frequent repetition.

Nor in this general criticism do I spare myself. It was years, ten or twelve of them, before I could bring my confidence up to the point of trusting to a single or but second dose of any remedy in violent acute cases; notwithstanding my personal experiences, and all that I had observed in aggravations in many chronic cases that I had failed to allow my own sufferings to prevent me from overdosing. But when I did get to trusting to the single dose I then began to cure hydrocephalus, malignant diphtheria, and many other malignant forms of disease that I had always before utterly failed to save, and many cases which physicians generally say cannot be cured.

It is from the *palliative* remedies only, as a rule, that beneficial effects can be obtained by repeated doses; and then nature works out the cure herself if the disease is of the self-limiting kind. Whereas, the frequent repetition of the pure curative remedy will certainly bring great aggravations and certain death in many cases of malignant disease that might be saved by great caution and patience in waiting for the single or second dose to develop its action.

Hydrocephalus, malignant diphtheria, malignant typhoid, violent cases of pneumonia, etc., bring the physician face to face with trains of symptoms that palliative remedies can never cure, when he must give the *curative* remedy, and but a dose or two in several days, or see his patient succumb. And here let me say that the true curative remedy in but a dose or two is infinitely the greatest palliative remedy also; that is, it will afford relief from great suffering far quicker, to a much greater degree, and more permanently than is possible with any merely palliative medicine, as is attested by all the severe cases I have reported herein.

And this brings up other points of great importance. In acute sufferings, where the pain is *intense*, if one dose does not relieve in half an hour to an hour or two, it is almost certain that remedy is not indicated and another should be selected. The more intense the suffering, the quicker the relief, generally, from a dose of the right remedy, as I have seen in hundreds of cases. Hence time need not be lost in such cases by waiting several hours for a dose to develop its action. In violent neuralgias, or acute cases generally, with *violent* pains and *little or no inflammation*, we may not be required to wait more than half an hour to an hour, perhaps less, before giving a dose of another remedy if a dose of the one first selected does not relieve; and so of a third and fourth remedy, if the second does not help. But when we come to hydrocephalus, diphtheria, pneumonia, or other established inflammation, then we must wait for the one dose to do its work, and often from one to two or three days, though careful observation ought to, and generally does, show some relief in some one or more prominent symptoms within one to six, twelve, or twenty-four hours. In pleurisy, peritonitis, endocarditis, etc., however, with violent pain, I would not wait but a few hours at most, if there was no relief, before giving a dose of another remedy. If these diseases are not attended by violent pain then we must wait.

It will have been seen that the cases reported in the first part of this paper, and which were attended with great or intense sufferings, even to my father's terrible attack of dysentery, were all relieved of nearly all suffering in ten or fifteen to twenty minutes, and complete cures followed in all of them with little or no more medicine. To these cases large numbers of others could be added showing just as astonishing results from the first dose in many of them, or a second dose in others, or possibly a dose or two of a second remedy. Then why should we not have far more extended trials and observations under this method of prescribing, and thus establish a reliance upon true indications and a confidence in our remedies that time cannot give in the hap-hazard manner these things are carried on now? One dose of vaccine, that is, one insertion of its virus, lasts several years in all, and a lifetime with many; then why cannot we trust one dose of the right medicine for a few hours, days, or weeks, as the case may be, to work out its great results, especially in view of the marvelous cures that have thereby been wrought in thousands of cases, under the observations of different physicians?

In conclusion, I will summarize the rules for dosing as follows:

First. *Never give more than a second dose* of the curative remedy, even in the worst cases of acute diseases, without waiting several days, and perhaps giving a dose or two of some other remedy if the symptoms call for it before returning to the first; and never give more than a second dose of a remedy in the worst cases of chronic diseases without waiting many weeks before giving more of it, and giving a dose or two of another remedy or other remedies if called for.

Second. If a dose or two of a remedy does not give marked relief in from a few minutes to a very few hours under intense acute suffering, or in a day or two in established inflammations, or other acute affections where there is not such intense sufferings, it is not the right medicine. And in chronic diseases, if a remedy does not give perceptible relief in some one or more of its prominent symptoms in from one to twelve or twenty-four hours, if the sufferings are great, or in a few days if not so great, then that remedy may be discarded as almost certainly not indicated. But great care must be exercised, if much pains have been taken in first selecting the remedy, to scrutinize the results, and *know* that it is not acting before it is discarded.

Third. A frequent repetition of the curative remedy will greatly hazard the chances of cure in the majority of serious cases of disease, and certainly so aggravate the symptoms in many cases as to render them either fatal or, in long-standing chronic diseases, incurable under any subsequent treatment.

Fourth. By following these rules and observing very carefully the effects of the first and second doses (if it is thought best to give more than one dose), and discarding that remedy if it does not relieve in the proper time, according to the nature of the case, much valuable time will be saved and the right remedy be found much quicker than by adhering to a drug that does not relieve in the proper time, simply because we think it must be indicated and ought to cure.

Fifth. It must be borne in mind, of course, that in acute diseases, like various fevers, where the disease naturally has a regular course to run, and where there is not severe acute suffering and no immediate danger, if the remedy holds the symptoms in check or prevents violent ones from arising, it may be the exact curative remedy for the case, even though it does not show curative action or marked relief the first few days. If much more severe symptoms do arise, however, or severe pains or other serious sufferings, then the physician may know his remedy is not right and that he must select another. Nature will be his sure guide in these matters, if he will observe closely and allow her to guide him.



Many of the greatest and cleanest cures I have ever made, in the worst forms of both acute and chronic diseases (and they may be stated at hundreds in each), have been wrought by a single dose of one remedy, while many other hundreds of remarkable cures have been secured by one or two doses of two or three remedies that were called for by complications that are liable to arise in the progress of intricate diseases. Not a line, therefore, of the foregoing has been written under the pressure of fancy, prejudice, imagination, or ignorance, but *solely* from *experience* obtained through *thirty years* of the *most careful observation*.

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## CLINICAL BUREAU.

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### REMARKABLE CURE BY PHOSPHORUS.

DR. BUCHMANN, ALVENSLEBEN, GERMANY.

[*Translated from "Allgemeine Homœop. Zeitung," Vol. 108, No. 13-16. By B. Fincke, M. D., Brooklyn, N. Y., 1884.*]

"This pure experience shows throughout that the dose of the homœopathically selected remedy can never be prepared so small that it should not be still stronger than the natural disease, and potent enough to at least in part overcome, extinguish, and cure it. as long as it is able, immediately after its administration, to cause some though slight preponderance of its symptoms over the disease similar to it."—*Hahnemann Organon*, 5th ed., § 279.

The less the greatness of Hahnemann has been understood, the more willing they have been to pass an abject judgment upon him. Likewise the significance of Hahnemann's experience, laid down in the above-quoted section, and its bearing upon posology has, so far, not been estimated sufficiently. The following instructive case will, however, furnish a new proof of how Hahnemann once more has been in the right.

CASE.—F. B., fifty-four years, a mother who has nursed and lost three sons of from eighteen to thirty years of age, one after another, with tuberculosis, suffered since that time from obstinate constipation, several times causing a *typhlitis stercoralis*. After every death she complained for a considerable time of loss of appetite and sleep; she lost flesh, and her hair turned gray and was falling out. For the last two years after the last death



the molar teeth on the left side became loose; the gums in this part were found loose on touch; they bled easily, were inflamed, and suppurated now and then. Since the loosening of the teeth she could not chew on the left side.

From that time, also, amblyopia developed. The accommodation of the eyes was so far interfered with that for reading common type she needed convex glasses of fourteen inches focus, and for distinct vision at further distances glasses of twenty-two inches focus. In spite of her hypermetropia, she could not at far distances see as distinctly as formerly. On sewing and reading, pains in the eyes, heat of the face, and pain in the vertex. The stitches and letters ran together, so that she had to give up these occupations. During a four-weekly use of the sea bath at Misdroy she gained a good appetite. The bowels moved once every day and the accommodation of the eyes had very much improved. This salutary effect of the sea-bathing lasted till two weeks after getting home, when the former condition returned.

In the meantime, in August, 1883, the unexpected engagement of her youngest daughter took place, and the fear in October to be separated from her last child by a great distance had a very depressing effect upon the state of her mind. After the separation at times, even with her glasses, she saw the objects as through a black veil and had to bring them nearer to the eyes in order to see them. Sometimes it was as if a dark shade came before her eyes, so that for several seconds she could not see anything and it became so dark before her eyes that she had to grope around to find out where she was. The fear of getting hopelessly blind caused her to talk of her eye trouble to me and to ask for remedies.

Shortly before I had read, in the article of Dr. Hughes "On the action of Medicaments upon the Eye," in regard to Phosphorus: "It is our leading remedy in simple amblyopia, if produced by exhausting causes, such as excesses in *venere* or tobacco, night watching, grief, etc."

I then consulted the *Materia Medica Pura* in order to compare the totality of the present and former symptoms of the patient with the pathopæsis of Phosphorus.

Those pathogenetic symptoms were perfectly covered by the following Phosphorus symptoms:

- Taking cold easily in open air, causing toothache;
- Changes of weather he feels by the pains in advance;
- Tiredness of the whole body, especially in the thighs;
- Great anger at the least trifle;
- Frequent falling of the hair;

Pain in the eyes on reading by daylight and in the evening by candle-light;

Vanishing of sight on reading;

She must bring the things near to the eyes if she wants to see them distinctly; in the distance she sees everything like in a smoke or through a black veil, but also in keeping things near she cannot stand it long to see distinctly. She can see better when the pupils are dilated by shading the eyes with her hand;

Like a black veil before the right eye;

Suddenly getting blind, as if a gray cover were before the eyes, several times;

Lessened appetite, with weakness;

Full, hard, tense abdomen, distended by flatus;

Stool with strong pressure and scanty defæcation;

No stool the first days; obstinate constipation for six days;

Hard stool in small knots, covered with slime and some adhering blood;

Stool hard, every two days;

The teeth get so loose that she cannot chew;

The gums bleed readily and are detached from the teeth at the least motion.

Taught by experience that in chronic diseases of the eye high potencies show themselves more efficacious than low ones, I gave to the patient, 1883, November 27th, at 9 A. M.:

Phosphorus-Cm (Fincke), three pellets on the tongue, and, besides, allowed the vial to act by induction for ten minutes in her right hand, remembering the extraordinary effect of Lachesis 5M (Fincke) (see HOMŒOPATHIC PHYSICIAN, Vol. III, p. 260).

After three minutes' induction:

Yawning, collection of water in the mouth, and contraction of the jaws, hindering the opening of the mouth; then drawing pains from the lower angles of both shoulder-blades down as far as the renal region, where the pain is worst and lasts longest; frequent eructations.

After five minutes' induction:

Rumbling in the bowels, with urging to stool.

After ten minutes' induction:

Stool easily moved; the rumbling in the bowels continues for fifteen minutes and the urging to stool for one hour; the sensation of weakness in the legs is relieved and she can see without the sensation of a black veil before the eyes.

11.45 A. M., the vial is held in her hand for ten minutes.

After three minutes induction:

Collection of water in the mouth; yawning; sensation of

contraction of the jaws hindering the opening of the mouth; good appetite at noon; after eating, continued urging to stool.

2 P. M.—Sensation of weakness in the legs; repeated loud rumbling in the bowels; she feels motion in the bowels in different abdominal regions; sensation of stiffness in the neck; frequent pressing and urging to stool; till the evening four times fruitless efforts to evacuate; in the night waking up several times with rumbling in the bowels.

Nov. 28th, 1.30 P. M.—Evacuation of hard fæces.

Nov. 29th, 7 A. M.—Evacuation of hard fæces.

Nov. 30.—In the morning after awaking, rumbling in the bowels till 8 A. M., then a pappy evacuation; she can to-day read a type one millimeter high with glasses No. 22, while formerly she has used No. 14 for type three millimeters high. During her sojourn in Misdroy, she had observed the same change. The former tiredness in the morning after rising is gone, likewise the seeing as through a dark veil; appetite improved.

Dec. 1st.—In the morning, in short intervals, two pappy stools. At noon a snow squall after several clear days. At noon again urging to stool with wound-like pain at the anus, rendering walking difficult in the afternoon.

Dec. 2d.—In the morning at 6 A. M., pappy evacuation with rumbling; the aversion to meat is gone; she took at noon with the greatest relish roast goose, and in the evening calf's liver.

Dec. 3d, 6 A. M.—Slight evacuation; took cold yesterday afternoon in driving out, which caused toothache in the evening; disturbed sleep in the night; this forenoon obscuration of sight and momentary blindness.

R<sub>x</sub> Phosphorus 45m (Fincke), three pellets on the tongue. Rainy weather.

In the evening shortly before 7 P. M., pappy stool.

Dec. 4th, 6 A. M.—Solid stool; the eye symptoms of yesterday are gone.

Dec. 5th, 6.30 A. M.—Solid stool.

7 P. M.—Pappy stool.

Feb. 10th, 1884.—Till to-day, every morning about 7 A. M. a solid and toward 7 P. M. a pappy evacuation; the eye symptoms did not reappear; she can read several hours without complaint by lamplight; the molar teeth on the left side have grown so firm that she can chew with them again.

EPICRISIS.—On looking upon the facts in the singularly rapid cure of the above-described chronic disease, caused by grief and sorrow, we notice, first, the appearance of yawning, collection of



water in the mouth, and spasm of the jaw after holding the vial for three minutes in the right hand, and later also the same symptoms after holding the vial in the left hand, similar to my observation upon the same person by the inductive process in her proving of *Lachesis 5M* (Fincke). The symptom mentioned last coincides perfectly with the pathopœtic symptom of *Phosphorus 228*—"closure of the jaws so that she could not get the teeth asunder"—so that we cannot doubt the appearance of a pathopœtic symptom of *Phosphorus* in this uncommon complaint, which also returned in the same manner after holding the vial in the left hand for three minutes. The affinity of the current of *Phosphorus-ether* to the ganglia which supply the salivary glands has set in motion by reflex action the neighboring motor nerves connected by sympathetic fibres as promptly as the pressure upon the key moves the clock-work by inducing the electric current. Also the irritation of sensible nerves is indicated by the peculiar pains in the back, which, indeed, is a symptom common to most remedies in physiological provings.

After five minutes already ensued, the therapeutic action of the remedy in a direction which I had neither expected nor intentioned, the torpid peristaltic action awoke, after having continued for years, and a quite unusual slight evacuation ensued quicker than after any purgative which patient had formerly at times resorted to without any favorable result.

After induction by the left hand pathopœtic effects occurred in the afternoon such as we observe after strong cathartics, and they returned after four days in consequence of a sudden change of weather in a somewhat different manner, which I have observed not infrequently in former physiological provings, and which is characteristic of *Phosphorus* action. In spite of these intercurrent pathopœtic symptoms of *Phosphorus*, probably caused by the repeated induction, there appeared daily an evacuation modified by it till after the cessation of these symptoms, since December 5th an alternately harder and softer evacuation without any concomitant complaint occurred each morning and evening toward seven o'clock—an after action, lasting now about three months, an observation perhaps never made before.

How, then, may this quite unusual radical cure of a chronic disease which not seldom resists all medicinal efforts be explained physiologically, a cure which commenced as early as five minutes after the induction of the high potency? It seems very easy to me, by the assistance of my scientific explanation of the homœopathic Law of Similitude. Just as alcohol, by greater physical affinity to water, expels the sugar of milk out of its watery so-



lution, and occupies its place; just as Arsenicum, in virtue of its pathopœtic affinity to Phosphorus, surpassing the nutritive affinity, drives the Phosphorus out of the living vitellin in the brain and steps in its place, so *in our case the high potency of Phosphorus by its stronger pathopœtic affinity has SIMILIA SIMILIBUS driven out the morbid cause originating from grief, etc., from a certain territory of brain-cells and nerves, and has taken its place.* The acceptability of this explanation must also be evident to our opponents. (Compare *Organon*, §§ 29, 148.)

The apparently favorable success from the action of the sea-salt in Misdroy was a pathopœtic symptomatic effect transiently favoring the organic change (*Stoffwechsel*), similar to an allopathic purgative by which the morbid cause was not removed but its influence only suspended. (*Organon*, § 38.)

The following may serve for explaining the rapid action upon the previously torpid peristaltic action:

1. Certain diseases of the brain cause constipation.
2. Anxiety and fright produce a noxe which causes the, by Trousseau so called, nervous diarrhœa.
3. Professor Nothnagel thinks it probable that such disturbances of the peristaltic motion in certain neuropathic conditions are mediated along the course of the pneumogastric nerve, since it is the only nerve which passes from the brain to the alimentary canal.
4. It is known that in consequence of anger the biliary secretion passing into the intestines can be so arrested that jaundice results.
5. Fibres of the pneumogastric nerve pass also to the gall bladder, and connect with the offshoots of the sympathetic plexus of the liver.

Though the physiological bearings of the pneumogastric nerve upon the intestinal canal of man are not sufficiently ascertained (*Deutsche Wochenschrift*, 1884, 3), the cause of the disease described and the rapid cure of a constipation of many years' standing seems to furnish the proof, that fibres of the pneumogastric regulate not only the respiration and motion of the heart but also the peristaltic motion, and that in our case by removing the morbid cause also a chronic neurosis of the fibres of the pneumogastric which regulate the peristaltic motion has been cured.

By misunderstanding, Hahnemann's doctrine has been exposed to rejection in the eyes of the prejudiced schoolmen, though Homœopathy is able to solve physiological problems much safer than vivisection, with which now such an abuse is carried on.

The relapse of the amblyopia, December 3d, I attribute to the cold taken the preceding day.

From the transient character of the improvement by the influence of the sea-salt it appears that this amblyopia was caused by a neurosis of the concerning ocular nerves and by the disturbed innervation of vasomotoric and trophic fibres. According to the experiment of Nasse (Bencke's *Outlines of the Pathology of the Organic Change*, 1874, p. 225) there is no doubt that not only the greater percentage of water but especially a simultaneous increase of the amount of the chloride sodium of the blood favors the transfusion of the blood-serum through animal membranes. Thus temporarily, by artificial promotion of the diffusion, the amblyopia could have been suspended symptomatically by the increased organic change without simultaneously restoring the normal innervation, while the amblyopia could only be radically cured by a simile which drove out the morbid cause, replacing it *positively*.

To those who favor the view that the remedies satisfy their affinities mostly in the path of nutrition through the circulation it at first sight appears incomprehensible that a high potency should unfold its pathopœtic and therapeutic action more rapidly and vigorously through the walls of the vial and the skin than through the stomach, but we see, *e. g.*, with regard to Quicksilver that the mucous membranes are less penetrable to large doses than the external skin, and we conceive that in the present case the rapid pathopœtic and therapeutic action of Phosphorus cannot be explained in any other way than by the effusion of a current of Phosphorus-ether going out uninterruptedly for several minutes from more than eight thousand pellets through the body, the atoms of which are so far distant from one another that in their shocks they could not experience any impediment. Here indeed we stand before an enigma, but it is no more inexplicable to us than the action of the mineral magnetism to the physicist and the action of the Biod to the physiologist, which at the present day also can only be comprehended by considering it as an emanation of ether.

In regard to the transportability in the rapidity and penetration through solid bodies and to the immediate physiological effect upon the sympathetic nerve, there is such a resemblance between the *modus operandi* of Phosphorus by induction, and that of Biod, that we can style our high potency from which we have seen such astonishing results as Phosphorus-od, the carriers of which are the sugar pellets.

Further experience must decide whether for such a brilliant cure an especial disposition is required, of course, under the necessary condition of the natural homœopathicity of the remedy.

In our case an explanation of the cure can only be admitted under the supposition of a pure neurosis where anatomical changes as causes are precluded. There is, on account of the great similarity of the symptoms pathogenetic to the symptoms of Phosphorus, not the least doubt that in this case Phosphorus was the homœopathic remedy, and this is the reason why also Phosphorus has proved a curative for amblyopia from similarly acting causes. But besides, between effects of the morbid cause and the pathopœtic effects of Phosphorus upon the intestines, which are only explicable by neurosis of some fibres of the pneumogastric nerve, there is such a similarity that one is almost forced to ascribe to Phosphorus a part in the action of the morbid cause as a constituent of the nerve-mass.

Considering the weak nutritive affinity of Phosphorus in the vitellin of the nerve-cells, to which I have alluded before, we must assume that, in our case, by grief and sorrow as psychical moments pre-eminently retarding the organic change, a noxe has been created having a pathogenetic affinity of certain districts of nerve-cells, for the Phosphate of Lecithin introduced as nutriment, an affinity greater than the nutritive one, by which this has been wakened and restored again after the removal of the noxe. Other noxes of less consistence we have seen to originate in more transient exaltatory emotions, and even, entering the milk, to act pathogenetically upon the nursling, a fact which also is only to be explained by the affinities. We know now by experience that the nutritive affinity to certain substances in the nutriments, combined chemically or physically, is present in the same complexes of cells as their pathogenetic affinity to the same substances, and that pathogenetic disturbances in the pathological equilibrium and in the mode of arrangement of certain inorganic molecules in these complexes cause similar pathogenetic symptoms as the pathopœtic introduction of these inorganic nutritive substances to those complexes.

Schüssler's hypothesis, which has nothing to do with the law of similitude, does not seem to me correct. He does not care for the annihilation of the morbid cause, but for the replacement of molecules of an inorganic nutriment which may possibly have been lost, though their substances are daily eliminated in *palpable* quantities by the urinary organs. Daily palpable oscillations in the quantity of these cell-constituents take place without functional disturbance, hence we can only have to deal with a permanent inability of the cells in appropriating certain inorganic substances in sufficient quantity. Should then indeed inorganic cell-constituents in a billionth attenuation be easier assimilated



than those offered in the nutriments, they nevertheless would soon, by the continual organic change, be lost again, and not suffice quantitatively under continued massy elimination. Besides, the concerning substances are incessantly conveyed to the cells by the circulation in the most assimilable form in the common articles of diet, and our case shows that by homœopathic annihilation of the morbid cause the elective activity in the sick cell territory has been restored immediately. Nobody will maintain that the possibly lost Phosphorus molecules have been replaced immediately by some pellets of the hundredth thousandth potency of Phosphorus.

Phosphoric acid alone in its organo-chemical combination in the Lecithin of the nutriments has a nutritive affinity to the protoplasma of the nerve-cells forms its integrant constituent, and is in organic combination eliminated with the glycerine in the organic change.

Not even the higher organism of plants is enabled to immediately convey inorganic nutritive matter to the cells. These are carried first into the leaves by the ascending sap-stream and there combined organically under the influence of light before they can be used for the formation of cells predestined for animal nutrition.

The roots of plants also act, *e. g.*, repulsive to the Nitrogen of Ammoniac and of the Potash of the Sulphate of Potash.

The inorganic nutritive substances act in free and uncombined condition pathopœtically by organo-chemical or organo-physical affinity, or by their diffusive equivalent, especially when potentiated, or else they could not have a place in our materia medica.

It cannot be objected that the potency which Schüssler recommends might act pathopœtically. The motto and the present clinical case show that such an action has been exerted, even by the highest potencies.

Dr. Schüssler has the merit of having unintentionally enriched our homœopathic treasure of remedies by some valuable but not sufficiently proved remedies.

Our pathologists have already partly comprehended that they cannot dye the blood-disks by iron, and that they cannot supply the want of phosphate of lime in the cartilages. The goat of Weiske had to pay the experiment with her life. (Beneke U. S., p. 374.)

SUPPLEMENT.—The anniversary of the death of the patient's sons, about the end of January, had revived the painful remembrance of the lost ones, and she could not free herself from a recapitulation of all the sorrowful events during that unfortunate



time. The consequence was: diminished appetite, disturbed sleep, and amblyopia, with the above-described eye symptoms, since a few days. To this state of things came

February 13th, 1884, continual distention, hardness and tenderness of the abdomen during the day, worse on pressure, and the hitherto regular soft evacuation at 7 P. M. appeared as late as 8 P. M. in smaller quantity, hard and difficult to void.

9.30 P. M.—Took the vial with Phosphorus 45m (Fincke), in her left hand for ten minutes.

After three minutes of induction: Frequent yawning, with interrupted running of water from the nostrils.

After eleven minutes of induction: Frequently repeated eructations, which render the abdomen soft and painless.

After sixteen minutes of induction: Rumbling in the bowels with urging to stool.

After twenty minutes of induction: Sensation of constriction in the vagina (also at the first induction of Phosphorus this symptom had appeared, but was neglected. It is not in Hahnemann's provings).

February 14th.—From 6 to 7 A. M., three soft evacuations. She had not dined at noon, having no appetite.

2.30 P. M.—Trembling; perspiration, and feeling faint; heat in the face; thirst till 7 P. M., when she eats some white bread; leucorrhœa with wound-like sensation at the introitus vaginae; in the evening, for the first time since December, no evacuation.

February 15th.—Slight hard evacuation at 7 A. M.; lassitude causes her to lie down from 10.30 A. M. to 0.30 P. M.; then she takes one spoon of potatoes and one of preserved peas; she don't want meat.

Afternoon.—Obscured sight, like fog before the eyes; it gives pain to look through the glasses; great lassitude, with dislike to speak till 7 P. M.; no stool in the evening.

February 16th.—Restless sleep during the night; no stool in the morning; perspiration at the forehead, with faintness; at noon she takes only a cup of broth for dinner.

Afternoon.—Much affected till 6 P. M.

7 P. M.—She eats a veal cutlet and potatoes with relish.

February 17th.—She can see well again; appetite good; evacuation in the morning and evening at 7 o'clock; corroding leucorrhœa; she feels herself strong again.

February 20th.—Till to-day as February 17th.

February 21st.—The leucorrhœa has ceased; the same evacuation as with Hahnemann's prover symptom 544.

*Ceterum censeo macrodosiam esse delendam.*

B. F.

## A CASE.

A. B. KNOTT, M. D., MONTICELLO, ILL.

Mrs. M., æt. fifty-seven, was taken sick September 1st, 1883. Called an allopathist, her regular attendant. She was attended by him until October 10th for colic. When I was called to the case I found the vagina prolapsed, and she complained of what seemed to be colicky pains and chills.

Chill commenced in toes, extending to the knees, and remained twelve hours. "Feet and ankles felt like as if in snow." There was cold perspiration from the beginning of the chill during the twelve hours.

The chill began at 4 A. M. and lasted till 4 P. M., and she was thirstless all the time. A peculiar symptom always present—she must lift the clothing from the abdomen (Lach.), and she would fan the abdomen with the bed-clothing. Even the vulva was hot, and she applied cold water, which relieved. Chilliness when lifting the covers and sweating only of covered parts. Smothering spells and wants to be fanned. There was no fever. The pulse was generally regular, but sometimes during the chill was feeble.

The tongue was red and appeared as if scalded. Pain in left side of head. Knees always cold. Restless sleep from 1 A. M. to 5. Pain in back when attempting to sit up. Persistent constipation. Dreams of falling, and a considerable prostration.

Some three months later, after the failure of numerous selections, I mentioned the symptoms to Dr. Ad. Lippe, while on my visit to Philadelphia. Dr. Lippe advised me to give her Ferrum. I telegraphed home to my son, Dr. J. D. Knott, to give Mrs. M., Ferr., one dose. The highest at hand was 200, which was given. She never had another chill.

I would like to have Dr. Lippe comment on this case, as there are several Hahnemannians who know of the case and would be pleased to read his able comments.

NOTE.—There were present in this case some characteristic symptoms belonging to the individual and not necessarily to the form of disease or to the pathological condition. First, "prolapsus vaginæ" (Ferr., Merc., Lip., Stann.); second, chill at 4 A. M. only under Ferrum; and as Ferr. is also an antidote to Chininum sulph., and whereas all the "Regulars" always administer Chininum sulph. whenever the word chill touches their tympanum, and whereas these progressive scientific medical men consider chill and malaria synonyms, and as to all appearances the chills had partaken of the characteristic symptoms belonging to Chininum sulph., Ferrum was suggested. AD. LIPPE.

## BOOK NOTICE.

VACCINOSIS AND ITS CURE BY THUJA, WITH REMARKS ON HOMŒOPROPHYLAXIS. By J. Compton Burnett, M. D. Pp. 126, demi-octavo. Price, seventy-five cents. London: The Homœopathic Publishing Co., 12 Warwick Lane, E. C. New York and Philadelphia: F. E. Boericke. 1884.

Dr. Burnett has written a number of practical and highly interesting essays, upon which we commented some time since. The subject of the present essay is by no means less important or less practical than any of its predecessors.

Vaccination is performed so extensively that any knowledge of the diseases following it must be of prime importance. Nor is a knowledge of prophylactic medicine of less importance; in fact, the field of homœoprophylaxis has scarcely been entered upon, much less cultivated to any extent. The law of the similars rightly studied and used is undoubtedly the best guide

1. For curing all curable diseases.
2. For palliating the incurable.
3. For Prophylaxis, scientific preventive medicine.

The purpose of the volume we are now considering is to show: "First, that there exists a diseased state of the constitution which is engendered by the vaccinal virus (the so-called lymph), which state he (the author) proposes to call VACCINOSIS, or the *vaccinal state*, and secondly, that there exists also in nature a notable remedy for Vaccinosis, viz.: The *Thuja Occidentalis*, and thirdly, that *Thuja* is a remedy of Vaccinosis by reason of its homœopathicity thereto, and fourthly, that the law of the similars also applies to the prevention of disease.

The relation between Vaccinosis and Thuja is clearly shown by Dr. Burnett in a series of highly interesting cases cured by that potent remedy. In the matter of homœoprophylaxis, our author does not show such strong testimony as before in Vaccinosis, for this latter field is of a different nature and less cultivated. Nevertheless, we cannot fail to assent to his propositions, especially the following quotation: "It seems to me that the requirements of the age is to *systematize* the prevention of disease according to the law of the similars AND IN THE DYNAMIC DOSE. Clearly the dynamic dose is ESSENTIAL, or at any rate the very small dose, for otherwise the homœoprophylactic aggravation would be a serious detriment in every way."

Homœopathic vaccination, that is, the vaccine matter prepared as an homœopathic remedy and given by the mouth in dynamic dose, is recommended as the homœoprophylactic.

We would strongly urge our readers to carefully read this interesting volume.

PRESIDENT'S ANNUAL ADDRESS BEFORE THE CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY, May 14th, 1884. By Professor George M. Pease, M. D.

The main purpose of Dr. Pease's address is to show the necessity for earnest work on the part of his colleagues if they would achieve grand results. To this we say, amen.

"Let us, then, be up and doing,  
With a heart for any fate;  
Still achieving, still pursuing,  
Learn to labor and to wait."

"CHOLERA, ITS PREVENTION AND TREATMENT," by D. N. Ray, M. D., Calcutta, with Introductory by T. F. Allen, M. D., New York, will be published August 1st, by A. L. Chatterton Publishing Co. Price, \$1.00. Cloth.

THE

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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## MATERIA MEDICA—A SCIENCE, ITS NATURE, USES, AND HOW IT IS TO BE USED.

Materia medica is one of the sciences supposed to belong especially to the domain of practical medicine, and the knowledge of it to be of chief interest to those who have given their lives to the work of healing the sick. It embraces all the knowledge we have of the action of certain agents on the organism of man, changing the functions of its organs so that these, while under the power of these agents, are found in departure from that harmony of action we call health, the agents being thus declared to be sick-making substances. A knowledge of these substances, as belonging to the domain of materia medica, whenever obtained, discloses the fact that each agent disturbs this harmony in a manner peculiar to itself, in this differing from the action of all other sick-making powers. There may be found in the effects of any one of these many similarities to effects of other agents, but there will be differences in each which are found in no other, and these are the facts of greatest importance in all clinical use of knowledge of materia medica.

A knowledge of the commercial and natural history of these agents brings them into relationship to other natural sciences—a knowledge of their sick-making powers into relation to the science of therapeutics, and it is this relation with which we, as practicing physicians, are chiefly concerned. *In what manner* does each agent affect each function and tissue? This is the first



inquiry concerning it. The discovery of this fact, or of these facts and their records, and we have our armamentarium ready for practical duties.

In bringing any member of the family of our *materia medica* to the relief of the sick, before its use it should always be remembered we are about to introduce into the clinical problem before us a new and additional sick-making force—and further, if the agent selected be that required by our law, it not only makes sick, but makes a sickness *like* to that we are now about to attempt to cure. If this be borne in mind, it will be apparent to the dullest apprehension that any excess of this agent over so much of it as the cure requires must go to the increase of the sick condition we are to cure. Hence, it can never be a question of small importance, when we have found the true specific for our case, as the law requires, which we decide when we answer—*how much* of it? The answer is ever as stated by our excellent friend, J. W. Dowling, M. D., in his reply to Dr. Palmer—“The least possible quantity which will cure.” The cure being our only possible objective in the use of the agent, all in excess of that needed for gaining this end must be superfluous at least, and must always be attended by risk of great and positive injury.

The science of *materia medica* in its practical relation to therapeutics is presented to us in two very different aspects at the present day, according as it is regarded from the standpoints of the allopathic or homœopathic schools. The former regards the agents it employs in the material mass, and answers the question, How much? by another, How much will he bear?—*i. e.*, How much can he take and escape with life? He guesses at this, and then it too often happens the patient does not escape—the doctor guessed wrong. On the other hand, the homœopathist deals, not with the material mass of the agent, but with its developed and liberated spirit, and answers the question, after selecting his curative, How much? by this other—How little and in what form will it best accomplish the cure? The question, How much? brings neither to his mind nor to his case any shadow of suspicion of risk, and we may add, there should be just as little of *guessing*—which makes so great a figure in old school therapeutics. In selecting his remedy or remedies, the old school prescriber *guesses*. The homœopathist, on the other hand, before the use of any drug, should be in a position to say, as to its selection and dose—I *know*.

Then, as before the two schools, *materia medica* as a science presents very different aspects. The old school recognizes the

origin, physical properties of the drug, and its more particular modification of some *one* function of some particular organ, and so he calls the substance a cathartic, an emetic, etc., according as it may have shown preference for one organ or function rather than for others. And on this foundation he makes the science one of classification, and from this deduces its nomenclature. On the other hand, the homœopathic school receives the record of *all* the ascertained effects on the human organism of all the drugs embraced in its materia medica, in their multitudinous details, on each and every function, bodily and mental, and accepts these in their entirety as the expression of the sum of its science of materia medica. So it is found constituted of *known facts*, neither theory nor guessing making the slightest part of it. It stands, thus, a whole, without the classification or nomenclature which characterizes that of old school medicine.

It is equally noteworthy that in the practical use of this science the methods of the two schools are equally diverse. The old school prescriber has reference to one property of his drug, and relies for all beyond this of change for good to his patient on an expected indirect result of its use, as in revulsions, diversions, counter-irritations, etc. The homœopathist, on the other hand, takes into view in his prescribing every part of the sick phenomena of his patient and all those of the ascertained effects of the drug, and so selects the one which in these presents the greatest likeness to those of the other, and so, by direct and specific impress on the affected organs and functions, he secures restoration to normal action and conditions without any of the revolutionary experiences which constantly characterize the practical attempts at healing by the therapeutic means and methods of the old school. In this contrast is seen the radical difference between the philosophy and science of the two schools—the philosophy of the therapeutics of the old school so largely made up of theory and guessing, that of the new consisting of an established law, and while the application of the therapeutics of the old is made up so almost exclusively of indirect methods and means, that of the new is wholly specific and direct.

But now to deal more particularly with the science of materia medica as characteristic of our own school: We find lying near the beginning of endeavor to a thorough understanding of it the question, What is it in the drug agent which makes men sick? This power which cures—what is it? A right answer to this and a right understanding of its nature may be set down as indispensable to best practical results from its clinical use. We have said Homœopathy “deals not with the material mass of the

drug, but with its developed and liberated spirit." By this we mean it deals with that something in the drug which has power to make human organs and functions sick. If there be an objection to the use of the word *spirit*, we will not make a quarrel with any man for the word who will bring us one which better expresses the nature of that power which has been planted in and associated with the drug, and which we have so abundant evidence is something distinct from the material substance of the drug.

It is a something which admits of separation from the matter of its original association, and of being transferred to other forms of neutral matter, retaining in this new association all its original sick-making power, and by artificial manipulation of having its curing power immensely enhanced, and this to a degree not at all to be accounted for by any supposed divisibility of the matter of the drug, or by any actual division of its constituent molecules. This something, whatever it is, we have called spirit because we had no better word. We mean simply to characterize this something as wholly distinct from all forms of matter. It will be seen that each example of this power has stamped on it its own individuality of character, and it is not a little interesting to see how this individuality is retained when the power has been transferred to other and neutral forms of matter.

In speaking of this power we have used the word *quantity* in deference to the general impression that this belongs to all ideas of medicinal doses in practical therapeutics. Practically this is wrong. For doses of medicinal agents do cure sick persons in a form where all idea of *quantity*, as referring to any sum of the originally associated drug matter, is in the highest degree absurd, and sometimes they cure surprisingly well. They cure often, in the hands of those who know how to use them, sicknesses which have failed to respond to doses of the same drug in forms where the idea of minutely divided molecules of the drug might have been conceived of as a physical possibility, thus demonstrating the immaterial nature of the curing force, and the enhanced power of that force by the process of expansion. Facts, in more than necessary abundance, seem to demonstrate, in this series of cures, the truth of increase, development, and liberation of a spirit power wholly unmistakable, even by the least experienced practical observer. We do not forget these cures have been scouted at by those who have never seen them, and out and out denied to have had any existence save in the imagination of fanciful men, but before the *fact* of such cures,



which we have seen many times, we can perceive no good reason for respecting the folly of the scoffer or the ignorance of their negators. It should not be forgotten by any one who seeks to add to his knowledge of yesterday by observation of new facts to-day, that neither scoffs, incredulity, nor denial have the least power to destroy facts or annihilate their witness to truths to which they are related. These may prevent the weak or the prejudiced from accepting this testimony, but then what is the result, and whose is the loss? The weak are only made weaker by rejecting the truth, while the prejudiced are only consigned to a more complete blindness.

We regard a right understanding of the nature of sicknesses and of that of their God-given curing agents as lying at the very foundation of the best possible practical successes of healing. To continue to regard sicknesses as *things*—and things somewhat distinct and separate from the sick individual—is to stultify one's self in the murk and ignorance of remote antiquity; and to build up notions of these things into forms, classes, genera, and species, like material objects in natural history, calling them *diseases*, with fanciful names, and dwelling on these and imagining them as possessed, each, of a nature and form quite its own, and calling this by the well-sounding word, so charming to many, *pathology*, is the weakness and the folly of dominant medicine to-day. To affect a following of these false and foolish notions, as some of our school seem given to do, leaving for this the truth given us by our truly great master in all that constitutes true philosophy of disease and cure, can only be paralleled by the man who forsakes the clear light of noon for the murk of midnight and affirms he finds this clearer, brighter, and more pleasant, safe, and useful for all the practical purposes and duties of this life. This is the kind of pathology which old school physic has declared, from the beginning till now, that Hahnemann had none of it. And what then? It has only been the better for him and for Homœopathy that he had none. He had a better pathology, which old physic has refused to consider or accept, and which is all too little understood by many of his professed followers. Fashion, prejudice, and the force of example have been only too powerful in turning away practical healers from the simple truth, plain, clear, bright, and beautiful, as he has given it to us in his philosophy of diseases and their curatives, which he called *Homœopathy*. He taught that sicknesses were only modified life force and consequent modified function, and not *things* at all. That the sum of these modifications, which we are accustomed to call “the totality of the *symptoms*,” is the



whole of *pathology* of any sickness which any man can or need know. And we may be perfectly assured that any so-called pathology, outside of, or in addition to this, has its existence mainly in the imaginations of men less wise than they think themselves to be, and is, except as curiosities of human invention, worthy of little consideration and less respect.

Then, as to the nature of the curing force. This is no more a material thing than is the sickness it cures. It is a force and nothing more. To conceive of it, speak of it, or employ it as matter is only a departure from the proprieties which belong to truth, the tendency of which is to injure the chances of recovery, and perhaps, to effectually exclude from the case under treatment the very principles on which best possible success is founded.

If it be asked, How do we know this which cures is not material? we answer, We know this because it does not obey the laws which govern matter, one of which it violates in every day's experience. It is this, when force is derived from matter, the sum of the force is determined by the sum of the matter, *i. e.*, the greater the sum of the matter the greater the force. Now, there are constantly occurring cures where, if matter be predicated of the curing doses, there must have been most of the matter where the least of curing power was experienced, or even none at all, but doses in which there must have been much less of matter have effected prompt, perfect, and permanent cures, so, if the curative were matter, reversing the law which determines the sum of the force by the sum of the matter. If this which has and does so cure be matter, we may truly say there is in the material world no other similar violation of this law.

Then this curing force is found acting as no form of matter does in this: Place a single medicated pellet or any small number of such in a phial, and fill it with unmedicated pellets, and these will all soon become medicated with the same healing force as was in the original medicated one, while at the same time they have received no new property of matter nor any addition to those they possessed when they were but blanks. Now we know of no instance, nor can we conceive of any, where matter in form passes from one material body to another, imparting to this new properties, and neither of them experiencing in the process any change of loss or gain in properties or qualities belonging to them as matter. This certainly has been many times observed as to this curing force, and each time it has given its own nature to the new pellets it has clearly demonstrated that nature to be non-material.

Then, if the curing power be but force and not matter, we may safely dismiss from our thoughts and practice all ideas of *quantity* as pertaining to the dose given for any cure, and especially that false and foolish notion—so hard to disabuse the inexperienced mind of—that a greater dose of a curative must impart greater curing power to the patient. It is the specific nature and relationship of the dose which cures, and not the quantity given. The cure is like the cause; it cures because it is its nature to cure this particular case, and not because of any amount of it that has been given. The cause—be it smallpox—increasing the sum of the poison, only produces smallpox, and never yellow fever or any other form of sickness; and curious enough and worth remembering it is, that increase of the quantity of the poison does not intensify the sickness it has caused, but just the reverse, as is shown in the history of the practice of inoculation, which was a successful resort—or was supposed to be—to secure a mild example of the disease as compared with that contracted from the poison diffused in the atmosphere, the less quantity of the poison producing the intenser morbid action.

Now, having looked at materia medica as a science—to its nature and uses, and also to the nature of the objectives of these uses—we come to the question: *How* shall the materia medica of our school be used so that the greatest practical successes may be attained by its practical healers? The question is met at the outset by differences of judgment and practice and by no small measure of excited feeling at times, even to an extent which makes its dispassionate discussion impossible. This we judge to be both unreasonable and wrong. It ought always to be permissible to elicit truth. Excited feeling, especially if this be inspired by prejudice in any degree, is not a profitable element to bring into this work. And as, in answering this question—of the greatest possible importance to doctors and men—the simple truth alone is all which can be of the least value to either, let us look at it in the clearest light we can bring to bear on it.

In the first place, then, let us keep in mind the nature of sicknesses, not *things*, not material, but only a modified action of force, and also the nature of the curing agent—itself not material, but a liberated and developed force—as given to the homœopathic healer, who now has before him an example of this sick acting force he is expected to cure. What shall he do? and how shall he do it? Homœopathy cures mainly by the use of drug forces. In this there is unanimity with its practitioners. But in what form shall these forces be employed in the case before us? In this decision unanimity is wanting. The facts of

the case being the same for all, why should there be diversity of judgment among healers as to the methods and means to be employed for gaining most beneficent results most speedily and most safely? Equal intelligences will be very likely to select the same agent for the cure, but these may differ greatly as to how the agent shall be used. Why is this? and is it necessary? A. believes the best cure will be made by giving the crude drug or preparations but little removed from this. He is accustomed to give these because he believes them best, and therefore he has no experience of other methods and has no confidence in them—especially he has none in liberation and development of force—and there is no reason why he should have. He knows nothing of them. Believing, in addition, that he knows as much as his neighbors, he tolerates no difference of opinion and will listen to no discussion. He believes the curing power to be a material thing, and so his judgment has failed to be enlightened by acceptance of true homœopathic philosophy of the curing power. It may also happen that he takes the material view of diseases, and talks pathology, and of these as things distinct from the suffering patient, and regards himself as a votary of “scientific medicine.” These may be reasons why he attempts cures with crude drugs. They are sufficient reasons, if present, for regarding him as wholly unenlightened by true homœopathic philosophy.

B. does not agree with A. in his views of drug power. He partially accepts the idea of development—that is, development to some extent, but limits this in the drugs he uses to a comparatively low range of numbers, and beyond these he has no experience and therefore no confidence. He has never parted from the idea that it is drug matter with which he is dealing, and apart from this he has no conception of curing power. He may have less of an idea that he is to treat a *thing*, which he calls a disease, and talk less of its *pathology* than A. but as compared with him he has only partially emerged from the errors and darkness which will always, wherever met, be found an impediment to best successes in healing. He must see it possible that there is *some* matter of the drug in his doses. He is a votary of divisibility. He in a measure holds with one hand somewhat to old school notions, while with the other he feels after principles of the new, hoping to find some good in them. He believes there is good in them, but he finds it difficult to get at it, and this because his attention is greatly occupied by the idea that there must be something for him to retain of old school physic, and this it may be it is which blinds his eyes. Certain



it is, that the more he retains of this the less he will see of the beauty and value of the new.

C. differs from both. It may be he has passed over the ground of both A. and B. and seen just where each is in error as to all pertaining to true homœopathic philosophy and practice founded on it. He began, it may be, with the law of similars—he would try and test this. Then, if he found evidence in such trials that this was indeed a principle in the nature of things, and if, perchance, he had read the *Organon* before he began these trials, he may have asked himself, May there not be something in liberation and development of drug force too? He determined to try this for himself, but he would do this very carefully. He would not allow himself to be fooled by any man's fanciful notions, so he began with doses where this development was but small. Perhaps the third number was sufficient for his beginning. This he found active, and may have thought, perhaps even higher numbers may prove active also. He tried them and found them not only active but curative in greater degree than those lower ones he had previously used, which most assuredly he would, if he followed the directions of the *Organon*, making the totality of the symptoms the basis of his prescription. If, instead of this, he prescribed for names or imagined internal conditions, for pathology's sake, he just as certainly learned nothing at all. If he continued to prescribe on symptoms, he found the higher the numbers he used, the required likeness between the sickness and the drug being present, the more speedily and perfectly they cure, and so through this path of observation and experience he has come at last to the use of what have of late come to be spoken of as "*high potencies*." He has come to the use of the immaterial, liberated, curing power for relief of immaterial sick functions, and has realized successes such as he never had seen before. He has found the related curing forces not only like the sick-making forces in their actions on the organism, but like also in their nature in this, that both are immaterial. He may have found it difficult to divest his mind of impressions which were educated into him as to the nature of sicknesses and their curatives, diseases having been treated of, and treated as invaders of the organism, dwelling in it, with pain and destruction as their consequences, something in the organism but not of it, and that the more violent the action they here set up, the fiercer and more ponderous were to be the blows required for their expulsion. It was but natural that this view of sicknesses should have been accompanied by a view of the



nature of curing agents correspondent to it; that to cure violent diseases ponderous doses of mighty drugs were alone equal to the task and only to be depended on. It is not an easy work, nor the work of a day, getting rid of such impressions, false as they are. Have they not come from teachers and books who have had our reverence? Are they not the only remaining fruits of that reverence? Have these not told us, and told us at all times, that the true answer to the question as to the dose, How much? is found in the other, How much will he bear? And did they not know, these who have been since the days of our pupilage our ultimate authorities? Have we not been virtually taught that the patient was to be permitted to escape with his life, and that this was all he had a right to expect at the hands of his prescriber, who began his clinical duties with the inquiry, "How much will he bear?" Verily, sometimes the poor victims bore a good deal,\* and then sometimes did escape! It is not a work of ease, or the work of a day, to escape from prejudices and teachings like these. And then, it may be, the poor man who is struggling for this freedom has to meet another and powerful influence impelling him to remain in the philosophy and practice of his teachers. He meets ridicule, perhaps of himself personally, certainly of the results and convictions he has realized from his experiments, and ridicule is often harder to face than arguments. His experiments have given him facts. These cannot be gainsaid or set aside by other facts, but they can be met by this devil's argument, ridicule, and as his opponents have this and nothing more, they resort to it as best they may. Ridicule, especially from good men, is hard to bear, and even good men in all else have not scorned resort to this in attacks on God's law and its logical use, so different from all pertaining to their own teachings and practice.

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\*The following prescription was read on the files of a retail apothecary, in a village near Boston, by the writer in his early professional life. It was written by one who stood high in that city with those who stood highest in public estimation as healers;

R. Ol. Ricini             $\frac{3}{4}$  ii  
       Bals. copaibæ,     $\frac{3}{4}$  i  
       Kreosoton,         $\frac{3}{4}$  ii  
       Mix; dose a teaspoonful.

Who was to take this? I asked of the apothecary. J. A. B's baby, was the answer. The baby was two weeks old; was a grandniece of our late excellent Governor Dix, and did not die! I repeated the prescription and the facts to my most excellent professor of theory and practice, telling him the little patient survived the dose. In his own peculiar quiet way he remarked: "*I have always regarded Dr. S. as a remarkably fortunate practitioner!*" This time the Doctor had a very fortunate patient.

In all this the man who will so use this law and the appliances it requires for the cure of the sick has more than an equivalent for all his struggles and all possible opposition, in his practical successes, and the approval of a good conscience, and any one may share these with him who will do, as he presumably has done, in coming to this right use of our *materia medica*. He has only to follow Hahnemann's direction:

*"Mach's nach, aber, mach's genau nach."*

Do it *exactly* as I have done.

P. P. WELLS.

## CURANTUR OR CURENTUR.

AD. LIPPE, M. D.

Dr. Dudgeon comes out in the July number of THE HOMŒOPATHIC PHYSICIAN, and espouses the cause of Dr. Hughes, and with him contends that the complete homœopathic formula should always read *curentur*; that *curantur* would be a blunder because it would show that our formula (with *curantur* accepted) was an acknowledgment of "a law," while *curentur* would mean that we had only to do with a rule, good at times, but never to be accepted or applied imperatively. The plain fact is, that a question of vital importance has been asked and this question is: Did Hahnemann establish an exclusive system of therapeutics, or did he advocate eclecticism and call it Homœopathy? Did Hahnemann call Homœopathy a healing art, based on an immutable law expressed under the formula *similia similibus curantur*? Has not this law become obnoxious to men who, professedly homœopaths, in reality adhere to and advocate eclecticism, and to shield themselves from censure and exposure boldly claim that Hahnemann advocated their eclecticism. The formula, *similia similibus curantur*, has been the accepted formula of all medical men who profess to practice Homœopathy till a dose of *Ruta graveolens* was administered to Dr. Richard Hughes through the medium of THE HOMŒOPATHIC PHYSICIAN, and on a sudden the dimness of sight for which Dr. R. Hughes had discovered *Ruta* to be a specific vanished, and it appeared before his sharpened sight that the finding of specifics for specific diseases and the proposed incorporation into our *materia medica pura* of pathological notions had been detected and that *his* game was likely to be balked, and therefore he resorted to more heroic means to extinguish Homœopathy and replace it by vile eclecticism. On a sudden this learned man detected that the

perpetuity of pure Homœopathy was secured as long as the old formula prevailed, and, following in the footsteps of the *Homœopathic Times*, his aim was to make it appear that Hahnemann gave us not an immutable law, but a good rule, which could be applied if the individual judgment of the healer thought proper to do so, or it could be set aside at will. Hahnemann clearly shows in paragraphs 53-56 that there can be but one sole aid-bringing law in therapeutics. He advocates an exclusive law, and that law the homœopathic law of cure.

The most remarkable fact is that the *British Journal of Homœopathy*, the organ of Drs. Hughes, Dudgeon & Co., still shows upon its paper cover the old and well-known formula, *similia similibus curantur*. The question that at once occurs is, If this rendering is wrong, how is it that they still permit it to occupy so conspicuous a place upon their journal? What do they mean by flaunting upon the outside of this periodical a creed which within its pages they are engaged in vigorously denouncing? If it is an error, why have they not discovered one so obvious years ago? If they have the hardihood to display it upon their title-page, right over the very pages that expose their disbelief in it, what probability is there that they believe anything at all connected with the cause they profess to serve? Did they ever believe in it? Have they not always, as they evidently do now, pirate-like, sailed under false colors?

Certain it is that the pages of that journal have given increasing evidence from year to year that its editors used the formula only as a blind; and that their settled purpose was to instill into the minds of their readers a profound distrust of its truth. Now after the administration of a dose of Ruta one of the learned editors is enabled to discover that the formula upon the title-page (which formula he still flourishes in its old place) is all wrong!

History always repeats itself. In America, where we are in the habit of moving more rapidly than the people of the "old country," we had, a few years ago, an ably conducted journal known as the *New York Homœopathic Times*. By and by the exactions of a natural law of cure became an onerous burden to the freedom-seeking editor, whereupon he repudiated it, denying its existence, and waging war upon its followers.

The *British Journal of Homœopathy* has caught the same epidemic disease and exhibits the same symptoms. Perhaps Professor Pasteur may be able to find the cause of the disease, and to raise a graft of it in his "nursery" with which to inoculate the learned editors and cure them. If that fail, perhaps they

may apply to the *other* wing of the homœopathic school and take a potentization of the product of the disease—say Dr. Hughes' or Dr. Dudgeon's papers raised to the CMM potency in a patent bottle-washing machine. If *this* sovereign specific fail to cure them, then their fate is inevitable. Like the *Times*, they will be obliged to drop the formula, and even the name, and thus, like the *Times*, become honest.

In conclusion, let us hope that the next number of the *British Journal of Homœopathy* will show its conversion to honesty by showing *curentur* upon its cover. Should it do so, we will have something to say on that subject. But if *curantur* remains, as of old, upon the cover, the editors will thereby confess themselves beaten badly—and that's all there is about it.

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### NOSODES.\*

EDWARD BAYARD, M. D., NEW YORK.

The law of Homœopathy that like cures like has been invoked to give authority to the practice of administering the product of disease to cure the same disease, and these remedies have been termed nosodes.

There is nothing singular, in fact, of this new word since all the diseases flesh is heir to may enter into each pseudo specific. Drugs have no curative or healing properties in themselves and no direct curative action, whether administered in homœopathic or allopathic doses.

The contrary of this proposition cannot be maintained without establishing that not one but all drugs have directly opposite action in large and small doses, that Arsenic, Lachesis, Belladonna, Nux vomica, and other potent drugs, which, in appreciable quantities are poisons, cease to be such, or in effect have a reverse nature, when used in high potencies or dilutions; and, as a corollary to this proposition, it follows, that between the maximum and minimum doses, between the poisonous and beneficial action of drugs, there must be some neutral point where they cease to have either effect, or at least where their effect passes from the deleterious to the beneficial, that drugs have positive and negative poles, and act upon the body accordingly.

Any attempt to establish these propositions either in theory or practice results in their refutation and rejection.

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\* Read before I. H. A., June 14th, 1884.



On the contrary, the whole homœopathic *materia medica*, the whole of the symptomatology, is founded upon the inexorable law that the drug in every stage, from the crude to the millionth potency or dilution, possesses the same indestructible and unvarying and unchangeable qualities and action.

Samuel Hahnemann, the profound thinker and earnest searcher after truth, the discoverer of the universal law of Homœopathy, has declared that like cures like, not the same, and in that distinction, well taken, he is sustained by the reason of the thing. Some practitioners of Homœopathy have supposed that they approached nearer the similitude when they adopted the isopathic treatment, giving the virus of smallpox to cure smallpox; the virus of syphilis to cure syphilis, etc. Yet Hahnemann has declared it is not the same that cures.

"The homœopathic system of medicine never pretended to cure a disease by the *same*, the *identical*, agent by which the disease was produced. This has been inculcated on the unintelligent opponents often enough, but, as it seems, in vain. No! it only cures by means of an agent never exactly corresponding to, never *identical* with, the cause of the disease, but by means of a medicine that professes the peculiar power of being able to produce only a *similar* morbid state (*ὁμοίον πάθος*) and this is the mode most in conformity with nature."

"Cannot these persons feel the difference between 'identical' (the same) and 'similar'?"—Nota bene to Hahnemann's *Materia Medica Pura*, Vol. 2.

The attempt to obtain from the body, specifics for the diseases of the body, is liable to two grave objections.

First. It proceeds upon the erroneous assumption that cure is wrought by identicals, not by similars. *Similia similibus curantur*.

The system always has a tendency to react against the morbid cause which disturbs it. The nosode, the same, leads this reaction into the vortex of the disease.

When we consider that the law of cure is by stimulating reaction through the vital force, it will appear that the temporary reaction which is aroused by the identical must sooner or later be lost in the greater force already exerted by the disease; their actions being identical, they must unite and the greater absorb the less, whereas the similar raises a parallel reaction which never becomes identical with or merged in the action of the disease, but passing beyond it, ends in the equalization of the vital force, wherein the reaction equals the action, which is the state of perfect repose and perfect health. The tendency is to react against

the disease; if those forces directly opposed to the disease are overwhelmed they cannot unaided react; it is only by calling in aid the correlated yet unaffected powers of resistance that you effect an alliance capable of successful reaction; to this end you administer a similar; the nearer the relations of the similar to the disease, the closer and more united will be the powers of reaction, the more speedy the cure.

This power of reaction depends not upon the strength of the dose but upon the exactitude of the prescription. The larger the dose the more deleterious its direct action. The smallest dose compatible with the stimulus to reaction is the best. The higher the potency the more speedy the reaction. It is in vain, then, to seek to extract from a diseased part a pure and homogeneous remedy which shall cure the same disease in others.

Second. Even if it could be done theoretically, practically, the nosode would contain the seeds of hereditary evils, which had no visible exponent in the disease expressed, and while antidoting one disease you might inoculate with the virus of many others. To avoid this danger, the cowpox was substituted for the smallpox. There are fewer hereditary diseases among animals, and of these few are common to humanity. By the use of these nosodes Homœopathy would justly incur the reproach of "monstrous polypharmacy," which Sir John Forbes hurled at the allopathic school, of which he was one of the heads.

It is true that the nosode does make a new impression and arouses a temporary reaction, but it is soon overborne by the more powerful action of the disease. From its nature it cannot complete a cure, it cannot destroy what it has created. The gain is illusory, and the danger of transplanting the seeds of hidden hereditary evils should be a sufficient deterrent for every true physician.

In his inaugural address, delivered before the Health Congress of Brighton, England, Dr. W. B. Richardson said, speaking of hereditary diseases: "I am satisfied that quinsy, diphtheria, scarlet fever, and even what is called drain fever, typhoid, are often of hereditary character. I have known a family in which four members have suffered from diphtheria, a parent having had the same affection, and probably grandparent. I have known a family of which five members have, at various periods, suffered from typhoid, a parent and grandparent having been subject to the same disease. I have known a family in which quinsy has been the marked characteristic for four generations. These persons have been sufferers from the diseases named without any obvious contraction of the diseases and with-

out having any companions in their sufferings. They were, in fact, predisposed to produce the poisons of the disease in their own bodies, as the cobra is to produce the poisonous secretion which in this case is a part of its natural organization."

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## AYERS ON DISEASES OF THE RECTUM.

In the July number of *THE HOMŒOPATHIC PHYSICIAN*, in a review of my little book on *Some of the Diseases of the Rectum, their Homœopathic and Surgical Treatment*, you say: "Under the above title Dr. Ayers treats of rectal abscesses, ulcers, polypi, hæmorrhoids, fistula in ano, etc., and, curiously enough, he includes constipation as among the diseases of the rectum. Why not include diarrhœa as well? The indications for such remedies as are mentioned for the various diseases are not well stated, and to our mind too *many* topical applications are advised."

As you will notice by the preface, this work was urged upon the author, and as an honest physician he gave for each disease the best treatment that he knew. (Could he do more?) He recognized that the treatment was susceptible of improvement, hence his request for the practical experience of others. The indications for the remedies were presented in that form which the experience of the author had taught him to recognize, at least he has found them reliable. If they are not the best, the reviewer could not serve the cause better than to "state the best" indications for the various remedies in the diseases mentioned, *e. g.*, pruritus, fissure or irritable ulcer, fistula or polypus, to say nothing of sanguineous, capillary, or cutaneous hæmorrhoids.

Constipation was cited so often as one cause of rectal diseases that at the urgent request of several eminent physicians a chapter on Constipation was added. Diarrhœa is not so often a cause of rectal disease, at least in the observation of the author, and hence was not added, besides, there are some good books on diarrhœa.

Theoretically, all diseases of the rectum ought perhaps to be cured by the homœopathic remedy without *any topical applications*, but practically we have not yet been given a remedy or remedies that will cure stricture of the rectum, nor even fistula, hence topical applications and surgical measures are necessarily resorted to, and fortunately do relieve the distressed patient.

Again we say, by all means give us not only the best indica-

tions, but any indications for any homœopathic remedy that will cure these annoying persistent rectal diseases, and no one will receive them more gladly than the author.

It might interest other readers of THE HOMŒOPATHIC PHYSICIAN to know which of the many (few) topical applications given in the work (under protest) the reviewer would retain. But until we all come to the fullness of the stature of a *perfectly* informed homœopathic physician let us do what we can to aid the march of Homœopathy, never forgetting that this should guide us always to relieve our patient as much as possible where we cannot completely cure.

MORTIMER AYERS,  
Rushville, Ill.

NOTE BY THE EDITOR.—In all reviews of works sent us we have endeavored to give a candid, impartial opinion as to their value to the homœopathic practitioner.

Now, as to Dr. Ayers' book, we have nothing whatever to do with the reasons which led to its publication, nor is it for us to judge of the author's ability or knowledge. We can only state our opinion as to the work *done*. In this book Dr. Ayers' prescriptions and indications are chiefly *local* or topical. He prescribes for fistula or for stricture, and *not for the patient suffering with one or the other of these troubles!!*

Dr. Ayers shows *his* idea of a homœopathic prescription when he writes: " \* \* \* We have not yet been given a remedy or remedies that will cure stricture of the rectum, nor even fistula; hence (!) topical applications and surgical measures are necessarily (!) resorted to, and, fortunately, do relieve (?) the distressed patient."

To this we reply that fistulæ *have been cured* by Arsenic, Aloes, Berberis, Hydrastis, Thuja, Lachesis. These cures we have seen on record, and there are, doubtless, numbers of others. Dr. Dudgeon states that he has cured "several bad cases." Every *homœopath* knows that ulcers, pruritus ani, fissures, etc., can and are cured by internal administration of the dynamized remedy. But one must prescribe for the *patient*, not for the disease.

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## CHOLERA INFANTUM.

JOHN V. ALLEN, M. D., PHILADELPHIA.

The summer season on which we have entered presented to us numerous cases of all stages of this disease, of which a vast majority will prove fatal if we do not exercise our keen-



est judgment in selecting diet and the proper homœopathic remedy.

This disease attacks children of every age, but by far most common in the first and second year, at which period it exercises its most destructive influence.

This very fact shows that the manner of nourishment, especially the artificial, or the transition from the breast to weaning, plays an important part, especially as infants who receive good mother's or nurse's milk are much more rarely affected than others.

Every physician knows that with the first warm days of early summer cases of this disease make their appearance, increase in frequency every week until they become epidemic, and finally disappear gradually in September, although some "feelers" of the epidemic are observed in October.

The nature of the disease is, however, entirely unknown. Definite forms of bacteria to which the infectious character can be attributed have not been found. But we may hope for more satisfactory results from further investigation if we take into consideration the cases of intestinal mykosis reported in literature.

I will narrate but a few of the symptoms of this disease. In the early stage or beginning there are rapidly following brownish yellow or greenish, thin evacuations; pain is absent or very mild; apart from anorexia and increased thirst the general condition may be unaffected.

In other series of cases the disease begins with more violent symptoms. Profuse watery evacuations and vomiting follow one another rapidly. The severity of the latter varies. At times it is rare, then very frequent, occurring whenever fluids are ingested. The rapid effect on the vital force is common to all, and occurs so much more rapidly the younger the child, though it is not absent in older children, and, as you know, even in adults. Great weakness, pallor of the skin, sinking in of the eyes in the orbits, coldness of the cheeks, hands, and feet, increasing frequency and smallness of the pulse, feeble voice, slight cyanosis of the face and mucous membrane indicate the depression of the power of the heart. The primary restlessness and jactitation soon pass into an apathetic, somnolent condition.

The treatment of this disease you all know, and I therefore will take up no more valuable time, as each case must be individualized, and any one of a hundred or more remedies may be indicated or called for.

I will mention for your interest one case of the present season.

Baby S., age, seven weeks; called on May 10th, 1884. Child had been sick four days under allopathic care, and rapidly sinking. I found the child in a collapsed condition; surface of body cold, especially extremities; eyes sunken and blueness around the lids and lips; anterior fontanell sunken; violent vomiting with straining, and stools green and watery. I gave four powders of Ipecac.<sup>50m</sup> to be followed by Sac. lac., and saw patient eight hours later; mother reported no vomiting since taking the first dry powder; the child's face presented better color; blueness of lips and eyelids gone, and surface of body much warmer, but has had two evacuations, green, as before; continued Sac. lac.

Next day's report: Patient has had four passages of same color, but of a sour smell, and the mother said the "baby sweat a great deal about the head, wetting the pillow;" gave patient two powders of Calc. os.<sup>cm</sup>, and on following day the mother reported one passage within the last twenty-four hours, which was of a natural color and consistency. The child continued to rapidly improve from this on under Sac. lac., and is now entirely well.

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## HOMŒOPATHIC COLLEGES.

In the August number of *THE HOMŒOPATHIC PHYSICIAN* the first article which attracts attention is one on Medical Education, by Dr. P. P. Wells. After carefully reading the said article, the question immediately suggests itself: In what does a medical college differ from other colleges and from other institutions of special training? Considering all the points made by the author in favor of longer time, the number of branches taught, greater efficiency in the teachers, together with more proficient students, we find the same general charges that are made in common with all institutions; but when he says that "the very knowledge the students came for, has been withheld from them by the negligence or incompetence of those whose duty it was to teach the philosophy as well as the practice of our therapeutics," then there is a definite and specific charge against homœopathic medical colleges, and it behooves every earnest Hahnemannian to be up and about as an investigating committee with power to institute a reform of methods of teaching. The *Organon* is the basis of all true homœopathic teaching, and if this is neglected by any college professing to be homœopathic, and as such graduating men and women as homœopathic phy-

sicians, there need be but little difficulty in assigning such colleges to their true position. For certainly their students are not taught according to the principles of either allopathy or homœopathy. What would be said of Columbia College, or any other institution, whose basis was the teaching of the subject of the law, if Blackstone and Coke, the Magna Charta, or any of the great and well-recognized and received writings in which the philosophy and generalizations of the law are stated were not taught? Does any one believe that a graduate of any theological college, however well versed in the sciences of the world, the literature of ages, the history of nations, or the arts of civilization, but ignorant of the Bible, could, by an exhibition of a diploma, by any statement of self or others, be accepted as a minister of the Gospel or expounder of truth by any special sect of believers? The demand of a minister is that he shall *know* the law that governs him. The demand of the lawyer is that he shall *know* the nature of the law of the land, both specially and generally. What makes us a distinctive school of medicine is our own perfect law of cure and certainly those institutions that fall so far short of the "mark of their high calling" can in no sense be called "our best" colleges. Dr. Wells says: "And yet students but recently from the class-room, at the close of the term of two of our best (!!!) colleges, have assured me they have heard no word of the philosophy of this science from the first to the last of the course."

It has been a habit to look to the East as the source of all the best methods of teaching in medicine, as we look for the first strong, bright rays of the sunlight, but after such a statement from the great medical centre, we realize again that "Westward the star of the empire takes its way," for in the Homœopathic College of Missouri the *Organon is the basis of instruction*, and so thoroughly is it taught, that the highest test may be applied, namely, the desire of those who have been pupils there is to drink deep of this "Pierian Spring."

ALICE B. MCKIBBEN, M. D.

NOTE.—THE HOMŒOPATHIC PHYSICIAN is glad to print Dr. McKibben's letter, calling attention to the method of teaching Homœopathy pursued by the faculty of the Homœopathic Medical College of Missouri. It is time that homœopathic physicians should understand definitely that some of our so-called colleges *do not* teach Homœopathy and should make a distinction in their recommendations of these schools.

Homœopathy cannot be properly taught in any school that does not require a *thorough study* of the *Organon*. We have three or more good schools; the others are worthless and should be "boycotted."—EDITOR.

## MALARIAL FEVERS—THERAPEUTICS.

PROF. J. T. KENT, A.M., M.D., ST. LOUIS.

By "malarial fevers" I mean such as are mixed, and not distinctively intermittent, generally denominated typho-malarial; exclusive of the variety which has, as a class, a clear apyrexia, such as are especially met in this city. This paper is intended to apply to the class of mixed fevers confined to St. Louis, to the cases blending from the complicated intermittent to the complicated typhoid. It is known that some of them take on a predominance of typhoid symptoms, and some of them a predominance of symptoms found in complicated intermittents. It is this hybrid state of things that causes us so much vexation. I have undertaken the task of furnishing the best guide to remedies for our own circumscribed work. I have not mentioned many remedies generally thought of great importance, because I have not found the symptoms indicating them. Should I go into remedies so seldom indicated, this paper might extend beyond endurance. Hence the remedies are those most useful.

*Antimonium crudum*.—The gastric derangement, nausea, and vomiting, great exhaustion, white tongue, and thirstlessness, constipation, or diarrhœa, must guide to this remedy. The concomitants, few or many, can seldom do away with indications for this remedy.

*Arnica*.—This is a frequently used remedy. The sore, bruised feeling all over the body; the patient complains of the "hard bed" and the aching, sore feeling in the whole body; the soreness compels him to move and he turns upon the other side, which in turn becomes sore and bruised, and compels him again to move; there is thirst and moaning; he cries for relief "or he will die!" There is great exhaustion and pain in the stomach and bowels, pressing and cutting pains in the stomach with nausea and vomiting; very often eructations, tasting like spoiled eggs, with bad taste in the mouth; diarrhœa of a blackish water, with bits of bloody, mucous stool; repugnance to food, milk, broth, and meat; coldness in the stomach, and, if there is a chill, it is preceded by great thirst.

*Arsenicum alb*.—Prostration, anxiety, and fear of death; extreme exhaustion, with thirst for water, little and often, for cold water, which causes nausea and vomiting; diarrhœa, stools scanty, dark, watery, offensive, with tenesmus, and the patient is



covered with a cold sweat and blue spots. The tongue is dry and cracked, and the mouth and throat are parched and he wants only water enough to moisten the dry, mucous surfaces. In the beginning he goes from bed to bed, and is not relieved by the motion (unlike *Rhus*), yet his anxiety and restlessness compel him to move. The after midnight aggravation of fever and anxiety are especially guiding. The relief from warmth in general and warm drinks is also important. The burning in the stomach, bowels, mucous membranes, and skin, so common in many cases, is happily met by *Arsenicum*.

The involuntary stools generally point to *Ars.*, but *Arn.* and *Phos.* have sometimes been indicated. The latter I have not often found indicated; occasionally the following symptoms have been present, indicating *Phos.*: The dry, burning mouth and tongue, with constant thirst for large quantities of ice-cold water, which is vomited when becoming warm in the stomach, or gurgling from the stomach down through the abdomen, causing an involuntary stool from a relaxed anus; hot head, desire to be magnetized, with overpowering fears; thinks he will see something coming from the corner of the room; bleeding from the nose, and septic exudation about the teeth (*sordes*); the face is blue, bloated, and Hippocratic; the terrible dryness is not relieved from drinking, and he wants a stream of cold water poured down his throat; there are stupor and delirium, and he slides down toward the foot of the bed (like *Phos. ac.* and *Rhus*). He answers no questions, or gives wrong answers to questions; great indifference.

*Baptisia*.—The peculiar sodden condition of the patient, with his besotted countenance, the face discolored and dusky, and the mental disquietude; his body he thinks is scattered over the bed, and he is trying to arrange the scattered members; he thinks his limbs are talking to each other; his answers are irregular, as if he were intoxicated; he seems to comprehend the question and makes an effort to answer, but falls to sleep, or into a stupor in the midst of the sentence; the tongue is foul and the mouth fetid; the delirium is greatest during the night; the functions are all sluggish, and the fever never runs very high; the pulse is often weak and compressible, sometimes the surface is cold.

In diphtheria the mucous membrane is dark and looks as if it might slough, and the exudation is dark; the surface is tumid and threatens to become gangrenous; finally dark, ragged, putrid ulcers form and the patient is too stupid to complain of pain; the tongue may be coated white or yellowish, white at first, but soon becomes dirty and brown and feels as if burnt or scalded

and cracks; dark blood exudes. There is seldom much thirst, although if water be presented he will drink a large quantity and relapse into stupor. The typhoid abdomen and stools can be found under this remedy; yellow, mushy, and pasty, or bloody and very fetid; stools of pure blood or bloody mucus, exhausting and excoriating; involuntary stools. The tenderness and tympany of the abdomen are well marked. Baptisia is not a specific for typhoid fever, yet will cure promptly if given when the above symptoms are present. It is the remedy to begin as well as to finish the case. Arn., Hyos., Lach., Mur. ac., Opium, are especially related to it.

The *Arnica* patient forgets the word while speaking, but he does not begin his answer and fall into a profound sleep without finishing. Baptisia has the sore, bruised feeling of *Arnica*, but not the restlessness attending the soreness. The sensitiveness to pain is marked in *Arnica* and nearly lost in Baptisia. These remedies cannot be distinguished by the stools in many instances; both have dark, profuse, watery, fetid stools, and great soreness of the soft tissues as if bruised. The mental state and the besotted condition may be the only symptoms to base a choice upon.

A patient of mine was violently attacked with a chill; he moaned with pain and declared he would die; he purged almost involuntarily, a fetid, dark, watery stool; he would not answer me civilly, but said he was sore as if bruised. Between the violent abdominal pains he was stupid, as if drunk; when aroused he was snappish and his words did not express his probable intention.

The stool made me think of Baptisia, but Arn. has the same, also the mental state, hence it must be the most appropriate remedy. It broke his chill. The violence of the attack led me to anticipate a congestive chill, but the remedy quieted him very speedily.

Baptisia is often given, I find, where *Hyoseyamus* would be a more appropriate remedy. In the latter, the patient has a profound stupor, but when aroused he will answer correctly; the tongue is dry, black, and stiff, but there is not the tumid appearance of the mucous membranes as if sloughing would soon appear, or as if they would become gangrenous; Baptisia has involuntary stools, but not stools and urine like *Hyoseyamus*, nor does she attempt to expose the genitals in her delirium.

*Arsenicum* produces stools that cannot always be distinguished from those of Baptisia, but the thirst, so seldom in the latter, the extreme prostration and restlessness, will enable one to

select the appropriate remedy. Arsenicum has the tendency to gangrene, but not the tumid, semi-transparent condition with the blueness. It has the bluish, or dusky aspect of the skin, but it is attended with a pinched condition of the countenance. Baptisia has a bluish, bloated condition of the face that is not so œdematous as that of Arsenicum. It is the result of venous stasis, not transudative, like that of the latter. Baptisia has not the heat of Arsenicum; both have involuntary stools, but Arsenicum has involuntary stools and urine; both have burning pain in the stomach, but Arsenicum has marked nausea, not found in Baptisia. Baptisia causes vomiting but without much nausea or effort. Baptisia seldom has much thirst, but when it is present, it is for a large quantity of cold water. It is not the important factor of the Arsenic thirst.

The *Arsenicum* delirium is a busy one; the *Baptisia* is passive. He will sometimes lie all day without moving if not disturbed; in the former, he is moving and is always in a hurry; the latter will do as advised, if he can; the former is irritable and wants his own way, and he is full of strange imaginations of vermin and burglars, and he has many fears.

*Hyoseyamus* corresponds to the most continued type in an advanced state; the tongue is dark or black, dry, and stiff; he is unable to put it out, the lips are dry and bleeding, the urine is passed in bed unconsciously, and there is much delirium. The patient answers questions correctly and lapses into stupor. (Arn. has the same, Baptisia goes into stupor in the midst of his attempted answer.) *Hyoseyamus* has cured my cases when the patient has passed into the state where it was impossible to arouse him. The profound stupor, pinched countenance, involuntary urine and stool, sliding down in the bed, picking at the bed-covers, picking the fingers, mark the case as a *Hyoseyamus* state when taken in connection with his having gone through the first symptoms mentioned.

*Muriatic acid* is one of the neglected remedies, yet one of the most valuable.

The *clinical* symptoms: *Clean, dry, red tongue*, sometimes *bluish*, is an important guiding symptom (not the slick, and shining tongue of *Lach.* and *Kali bich.*). There may be unconsciousness, moaning, and restlessness; thirst for acids and wine are also important; stools dark and mushy; urine passes involuntary; loud moaning, lower jaw dropped, tongue shrunken and dry like leather; hæmorrhage from the bowels. This remedy stands between *Rhus* and *Bryonia*. The patient is not made better from motion, like *Rhus*, and not made worse from



motion, like *Bryonia*. It controls the septic processes and blood changes as well as *Bry.* or *Rhus*.

*Gelsemium*.—The heaviness of the limbs and thirstlessness; the bright eyes and contracted pupils; the active delirium; the extreme sinking feeling, paralytic weakness and fear of death; loquacity, talking in sleep. On the other hand, the face is pale and sallow and the pupils are dilated, yet the heaviness is always present. The mind symptoms and nervous prostration are most marked; the septic symptoms are not marked as in *Ars.*, *Bap.*, *Arn.*, and *Phos*. The tongue trembles and is coated yellow. The many symptoms pointing to cerebral hyperæmia, point to *Gels.* and seldom to *Bell.* in these fevers. The sleeplessness is as prominent as any feature of these fevers, and *Gels.* is most generally its remedy. He is wide awake all night, "Not one wink of sleep last night," is the common answer (*Op. Coff.*). There is often pain running up the back, with contraction of dorsal muscles and stiffness, as if there was some meningeal complication; pain from spine to head and shoulders.

*Lycopus Virginiana*.—This remedy has been of great service to me. It is the remedy when the patient is stupid, will not answer questions, is waxy, cold, and has a pulse very low, yet full and large, soft and compressible; hæmorrhage from bowels, heavily loaded, tawny, expressionless face; if he has a fever it is not high, and he chokes and swallows; his eyes are expressionless; the veins are full and the face is bloated; the eyes seem to project from their sockets.

*Rhus tox.* is one of the most important remedies. The restlessness, *better from motion*, *great thirst*, dry tongue, sordes, reddish, watery, frothy stools in the morning, have been the symptoms calling for *Rhus*. The chilliness, like being dashed with cold water, and like cold water coursing through the veins, fever continues without sweat, and the restless aching, are often met. The patient often moves for relief; he finds a new place, and because he is completely exhausted he thinks he can rest; but soon the horrible aching and restlessness come on and he is compelled to move and find a new place, and this is continued night and day, and there is no rest and no sleep; there is a dry cough.

*Bryonia* is the remedy to be contrasted with *Rhus*. The pains may be severe, yet they are made worse by the slightest motion; he wants cold water in large quantity, but only occasionally; there is the dry, brown tongue, and the bowels are generally constipated; the stool is dry and hard as if burnt; the bowels are tympanitic and there is a foul, bitter taste in mouth; bleeding from the nose is common; there is often a dry cough



and the right lung is often involved; there is delirium; he is busy and wants to be taken home; the fever and delirium are worse from nine o'clock till midnight. In *Rhus* the fever and delirium have been worse during the whole night and often continue all day. I see, by comparing my note-book, that several of my cases cured by *Rhus* had aggravation of mental and febrile symptoms at 5 A. M. and P. M. *Bry.* seldom has the twitching of muscles so common to *Rhus*, and of the two, urticaria, common in the beginning of some fevers, can only be found under the latter. The general aggravation from cold is characteristic of *Rhus*, but *Bry.* is oftener ameliorated by cold.

The long-lasting severe pain in the head I found, in my *Bryonia* cases, in the temples and eyes; improved by cold; the eyes were congested and the face was bloated and blue.

*Colchicum* was given in one case where the patient had an extreme disgust at the sight or smell of food, with marked benefit.

*Natrum sulphuricum* is a very important remedy. The patient says he has not been well for a long time; his sleep has not rested him, and his mouth has for a long time had a bad taste and his tongue is covered with a thick, yellow, pasty fur and tastes bitter. He now vomits bile and slime and has pain in the back of his head and his bones ache; the chill comes on and he runs into a quasi-continued fever, with chills occasionally; he has no appetite, his skin is yellow, and he has a yellow diarrhoea mixed with green slime.

*Ipecac.*—The aching in the back, thirstlessness, constant nausea, vomiting of green slime, red and pointed tongue, bitter taste; the case abused by quinine. *Ipecac.* is the remedy.

In the third and fourth week, some cases become very low; the tongue is sometimes red and slick, the papillæ all absorbed, and a smooth, slick, glossy surface on the tongue, and there is much vomiting of viscid, stringy mucus and bile. The patient is listless and delirious alternately.

*Eupatorium perf.* has improved cases when there was a bitter taste in the mouth, *aching in the bones as if they would break*, yellow skin, violent headache, day and night, worse during the scanty sweat, if there should be such a moisture; in many cases there is no perspiration, but great dryness of the skin and vomiting of bile.

When searching for remedies that correspond most faithfully to the fevers with absent sweating stage: *Ars.*, *Bapt.*, *Bell.*, *Bry.*, *Cham.*, *Colch.*, *Eupator. perf.*, *Gels.*, *Hyos.*, *Ign.*, *Ipec.*, *Kali bich.*, *Lach.*, *Lyc.*, *Mere.*, *Nitr. acid.*, *Nux.*, *Opium*, *Phos.*, *Phos. acid.*, *Rhus*, and *Sulph.* may be consulted.

It will be found mostly that we are curing our patient from this list of remedies. When the exhaustion is the most marked feature, Arn., Ars., Bapt., China, Gels., Hyos., Lach., Lycopus, Phos., Phos. acid., and Rhus have been the most useful.

When the congested symptoms have been prominent, Arn. has been the remedy. It will be observed that I have not mentioned many of our so-called sheet anchors, as I have not found them of much service. Acon., Bell., and China have not been indicated in any of my cases. I have made use of bathing and inunction of lard in some protracted cases with great benefit, but never cathartics, stimulants, or quinine.

The single remedy is my reliance. I give the selected remedy every hour in these fevers, night and day, until improvement begins, and then I repeat cautiously.—*The Periscope.*

## CLINICAL BUREAU.

### REJECTED CASES.

E. W. BERRIDGE, M. D., LONDON.

The following cases were sent to the physician (a *professed* homœopath) who is compiling *Kali bichrom.* for the new edition of the *Materia Medica* of the Hahnemann Publishing Society. They were rejected because they were cured with the Cm potency! Perhaps they ought not to have been cured; or, being cured, ought to be concealed from the public eye, lest the mongrels should be asked awkward questions as to their repudiation of the highest potencies. Surely, to slightly alter the words of the poet:

"The force of *bigotry* could no farther go."

CASE I.—Miss —— had for two days pain in left malar bone, worse on coughing, with soreness of the bone to touch. At 3 P. M. I gave one dose of *Kali bichromicum*<sup>cm</sup> (Fincke). She improved soon after the dose, and by 9 P. M. was quite well.

CASE II.—February 9th, 1871. Miss —— æt. nineteen. Has been ill for a week; shooting inward in left malar bone, with pressure, and for three days also the same pains across bridge of nose. Feels hot and cold alternately. The pain makes her feel inclined to cry. Sometimes shooting in the bone over left eye, cough worse in morning; it hurts the painful part of cheek;

sputa, greenish-yellow, bitter. Gave one dose of *Kali bichrom.*<sup>cm</sup> (Fincke).

February 16th. Reports that the neuralgia went the same day. The chills and heats went on 11th. Cough better; no expectoration since 13th. Soon became quite well.

These two cases verify the action of *Kali bichrom.* on the bones of the face, as recorded in the provings. It is the only remedy which has "pains in bones of face on coughing" (see Lee & Clark's *Cough Repertory*, p. 44). In the second case, the facial pains proceeded from left to right. In the provings of Zlataravitch they proceeded from right to left. This is another verification of Hering's law of *Inverse Directions*, which is really an extension of or corollary to HAHNEMANN'S doctrine of the nature of chronic diseases and their eradicated treatment.

CASE III.—October 19th, 1881. Mrs. W——. Heartburn on first lying down at night; worse by lying on right side; sometimes she falls asleep without it; but then wakes with it; it sometimes occurs after meals; aggravated by salt meat or salt fish; has suffered thus for a long time, and has been worse for the last month or two. Gave *Kali bichrom.*<sup>cm</sup> (Fincke) every morning for seven days.

October 28th. Reports that the heartburn quite ceased after the first dose; it is not now excited by lying on right side, though it still feels as if it would come on; has eaten salt meat with impunity.

November 26th. No return of heartburn. No further report.

CASE IV.—Mr. F. V., æt. eighteen. March 19th, 1881. Has been ill since 1877 with the following symptoms: Mucus from throat, sometimes black, brownish, or yellow, generally sinking in water. Yellow nasal discharge, smelling badly, especially when he has a cold. Very often hoarse, with dryness of throat in evening. Nose generally most stuffy in morning. When the nose is especially stopped up, there is headache. Throat and mouth parched on waking and nose stopped up. Has used Tannin locally, and all sorts of sprays, paints, and gargles, but without relief. Gave *Kali bichrom.*<sup>cm</sup> (Fincke) every morning for seven days.

March 27th. Reports decided improvement, but still has the obstruction in nose when speaking.

April 11th. Continued improvement; very much better, notwithstanding a cold caught at the boat-race which caused an "awfully sore throat."

April 27th. Still improving, though there remains consid-

erable discharge from nose; discharge from nose and throat has lost its bad smell and dirty color. Mucus from throat often quite black. Sleeps much better, and wakes in morning with throat and mouth moist and nose clear, allowing easy breathing. Catarrh quite gone. Feels very much better generally; stronger, more vigorous.

May 4th. Still improving, though not so markedly or so rapidly as at first, but is better in every way; stronger, more life in him. A few small pimples on face.

May 24th. Saw him for the first time, having treated him hitherto by correspondence. He reports still further improvement, though still at times troubled with attacks of stuffiness, which he says are becoming "like angels' visits, few and far between." No further report.

Why were these cases rejected? Echo answers, Why?

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### DYSMENORRHOEA AND STERILITY.—CURED WITH COLOCYNTHIS.

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

Mrs. T. T., æt. twenty-six years, reported on the 17th of last January that, although her menstruation had been regular since her thirteenth year, she had never been "sick" without intense pain. The flow was somewhat scant and pale, and every twenty-four days. The pain did not precede the catamenia, but came *with* the flux. She had some headache and general malaise; also a too frequent micturition, especially at night, not infrequently being compelled to rise five or six times before morning. She had been a wife for two years and was much distressed by a fear that she would never become a mother. Her former physician (allopathic), after resorting to many experiments, had informed her that her only salvation was to "have the womb stretched." Before submitting to this piece of folly, however, she wisely yielded to the solicitation of a friend to try homœopathic treatment. She had but one *marked* symptom, which was, the great relief from pain by "doubling up" over any hard object. This, with an aggravation after eating, suggested Colocynthis. The 1M of Bœricke was given, with such happy results as to relieve the pain during her next menstruation and enable her to report an *absence* of any subsequent flow. She is now looking forward with much joy to the coming event that has already cast its shadow before.



## DIARRHŒA—PODOPHYLLUM.

C. P. JENNINGS, M. D.

April 23d (of this year), about 9 A. M., diarrhœa set in. It had been threatening for an hour or two, and at last hurried me to stool. Stomach had been disturbed through the night from the juice of canned plum. Stool dark-brown, mushy, copious, and attended with much wind. One or two stools in the after part of the day. Took no medicine. In the following night, about 3 A. M., driven out of bed suddenly. Stool watery, rather scanty, though gushing as if abundant. Stools became frequent. Occasionally a slight pain in abdomen. Much rumbling and gurgling. No thirst; no nausea. As the trouble began with indigestion, and this was brought on by fruit, I acted on general principles, and took *Pulsatilla*<sup>200</sup>, one dose of a few pellets—half a dozen small, pin-head pellets. Waited four hours. Symptoms grew worse steadily. Acting still upon general principles, took *Nux vomica*<sup>200</sup>, one dose. Repeated in three hours. Grew steadily worse. Three to six stools every hour; dark green, with yellow water; somewhat mealy; tenesmus; tendency to *prolapsus ani*; pains more frequent, and threatening to become intense and incisive and prolonged. Urine almost suppressed. Tongue moist, but beginning to put on a white coat and to be slimy. About noon of the 24th dissolved twelve small pellets of *Podophyllum*<sup>200</sup> in a glass of water. Of this solution took one teaspoonful. Within an hour symptoms became less urgent. By 6 P. M. they had nearly disappeared, and this without repeating the dose.

*Podophyllum* was indicated by the watery, mealy, dark-green stool, by the *prolapsus ani*, by the morning aggravation, and by the suppression of urine.

April 28th, a good stool. April 29th, 5 P. M., diarrhœa began as before; renewed at 8 P. M. *Podophyllum*<sup>200</sup>, prepared as on the 24th. One teaspoonful sufficed. Up to this date, May 8th, no return of diarrhœa.

## AN URTICARIA APPEARING ANNUALLY.

PROF. J. T. KENT, A. M., M. D., ST. LOUIS.

Mrs. S., about forty years old, wife of a prominent clergyman in this city, consulted me for annually appearing paroxysms of urticaria, or whatever you may be pleased to name it. On the 13th of May every year for seven years she had been seized with

a burning and itching of the skin that would seem nearly to drive her to distraction. I saw her in one of these attacks in bed with her entire surface covered and her eyes closed with œdema of the lids. The hives were so confluent that not a spot of healthy integument could be seen. The whole paroxysm lasted twenty-four hours. She seemed to be in terrible distress and exclaimed every moment, "I shall die this time surely!" She seemed suffocating and was throwing off the covers. It seemed from her movements and speech that her skin felt as if on fire. There was no perceptible thirst and time was precious, and I am satisfied that I made waste by my haste in giving her a dose of Apis<sup>200</sup>, which had no effect. But the paroxysm passed off and another year rolled by, when she called on me, as I requested her to do, a month before the expected paroxysm. I then learned more of her symptoms. I learned that when the eruption was out distinctly in nearly all of the attacks she had found that heat calmed her terrible distress and ameliorated the itching and burning. While she craved cold and had even thrown the covers off she was made worse by it, but when she had retained presence of mind and covered herself warmly with clothing she soon became quiet and the paroxysm terminated with less suffering.

This being the case, Apis could not be her simillimum, and I could now understand clearly why I had failed to interrupt the paroxysm and bring about a feeling of contentment so usual in such cases. I have quieted such patients very frequently in an hour, and plainly as a result of a homœopathic remedy, but this case furnished me no evidence of curative action of my selected remedy. With the symptoms as given and the new modality, I gave her one dose of Rhus rad.<sup>200</sup>, and bided my time ten days before the expected paroxysm. Within a few hours after taking the remedy she declared that her "spell" was coming on; but it was only the shadow, the paroxysm never appeared again. She has missed it two years and she is in better health than ever. She remarked to me one day, "Doctor, your powders have made a new woman of me." She had been treated allopathically, physiologically, eclectically, pathologically, and with all very badly. This may not have been urticaria. Some of the wise heads of the old school told her it was from eating strawberries, and she refrained from these luxurious fellows and still she did not miss the paroxysm. One told her one thing and another disputed him. What was it? I don't know, neither do I care. Perhaps some pathologist could inform me as to the *scientificity* of my prescription. I simply know that

when comparing the pathogenesis found in the *Symptomen Codex* I found a picture of the disease to be cured, and that is enough for me. The highest potency at hand was administered and never repeated. The slight aggravation usual to such work followed, and then I was contented to await results.

I am contented with such results, and so will any man who knows how to apply the *law—the simillimum, the smallest dose, the dynamized drug*. In this way only can we progress, and in this way shall we become the most useful to our patrons.

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### A CLINICAL CASE.

Case of Mrs. B., aged forty-nine years : Her ordinary weight, one hundred and seventy pounds ; height, five feet and eight inches, well proportioned ; her temperament, nervo-lymphatic ; subject to neuralgia.

When I was first called she was suffering from facial neuralgia and neuralgia fregeus. She was then relieved by Aconite, followed by Glonoine.

April 1st, 1883, and at a subsequent visit, I learned, on a more careful collation, that there was a dropsical diathesis, with the following history of the case : In 1860 she went with her husband as nurse into the United States service in the War of the Rebellion. She was then in robust health. In August of that year she contracted confluent variola of a very malignant type ; her "limbs were badly swollen and looked like blood-blisters." She has never been well since. After returning home she was buried in the debris at the church disaster of the Central Baptist Church, eight years since. After that injury she was confined to her home for two weeks. She was generally bruised at that fall ; heavy beams lay across her limbs ; the limbs were hurt above the knees, where the timbers lay, leaving their impression on the limbs for days ; the head was badly bruised and the whole body generally shocked and hurt from the injury. "Don't know if permanent bad effects followed the burial." She had dropsical œdema for about five years. One year ago in June acupuncture was resorted to three several times in different places, with discharge of a very considerable quantity of cold, clear, pellucid exudation, and *Apis mel.*<sup>30</sup> was exhibited, which lessened the œdema and enlargement of the limbs. Still there remained dispnoœ, catching for breath, and gasping ; irregularity of the heart, dullness on percussion, and muffled beating of the heart. She had to *sit* in bed ; she had numbness in right arm

and leg. In January last she was waked out of sleep with a "shock" and pain in head; her "head felt like a bladder of water swashed one way and another;" she had paralysis of the throat—could not *speak* or *swallow* any food or medicine. Gave Lachesis, mm potency, in disks under the tongue, and ordered food injections per rectum, which, I afterward learned, she did not take. She remained for three days without food or other medicine than that ordered. The second day gave Digitalis<sup>2000</sup>, which aggravated very perceptibly. She had profuse discharge of water from the bowels and urinary organs, followed by gradual subsidence of the paralysis. But a severe headache intervened, which yielded to Belladonna. She continues the Dig. occasionally—weekly, if it does not aggravate too severely—but in minimum doses, and always in high potencies. The headache commonly yields to Bell.

The remedies used in her case were Apis mel., Lachesis, DIGITALIS, and Belladonna, as they were severally indicated. Her numbness and immobility of limbs gradually disappeared. She is now convalescing. She resumed her daily labor and is now housekeeping. Some numbness remains, at times, in right arm and side, for which I have ordered Rhus tox.

CHARLES T. HARRIS.

## BOOK NOTICES.

THE THERAPEUTICS OF INTERMITTENT FEVER. By H. C. Allen, M. D., University of Michigan. Octavo; pages 340; price, \$2.75. Philadelphia: Hahnemann Publishing House, F. E. Boericke, 1884.

The first edition of Dr. Allen's work on intermittent fevers, issued some years ago, speedily won a great reputation among homœopathists. Of this, the second edition, it is therefore merely necessary to say that it is very much improved and enlarged. The former edition gave only the therapeutics of intermittent fever in its various stages; to this the new work adds the characteristics of each remedy, together with a fine repertory.

The book is excellently well gotten up, and is another one of those homœopathic works which every physician should purchase. A more extended notice of this valuable book is unnecessary, as we feel sure all of our readers will speedily examine it for themselves.

CHOLERA: ITS PREVENTION AND TREATMENT. By D. N. Rây, M. D., L. S. A. (London). Pages 126; price, \$1.00. New York: A. L. Chatterton Publishing Company, 1884.

In this essay Dr. Rây has given a most thorough and timely monograph on cholera. He gives a full history of its ravages, a complete *resume* of



its ætiology, with the numerous theories on this subject, its causes, symptoms, its sequelæ and treatment. In writing of the treatment mention is made of the various futile prescriptions of the old school. The comparative results of the two systems gives the *average* of all allopathic methods at seventy per cent., while the highest mortality under homœopathic treatment is about fifteen per cent.

The therapeutics of the homœopathic remedies could have been stated much more thoroughly. The attempt to fix the dose for each medicine was unnecessary and useless.

In this connection it may be interesting to quote from the report of the American Consul on the results of "scientific medicine" in the treatment of cholera now raging in the South of France. We hope later on to give reports of the homœopathic treatment from some of our colleagues resident in the infected district:

"From the 30th of June until the 10th of July, four hundred and thirty cases of cholera were officially recorded at Marseilles. Of these two hundred and ninety-four died, and the remaining one hundred and thirty-six were, at the date of the report from which these figures are quoted, in various stages of convalescence. It therefore appears that, notwithstanding all progress in medical science and the very perfect arrangements for collecting and treating the victims of the scourge, more than two-thirds of those attacked have died, even during the first fortnight of the epidemic, when all sanitary conditions were most favorable. These two facts, the almost immediate transmission of the disease from Toulon to Marseilles, and the enormous death rate of seventy per cent. in the earliest stage of the epidemic, seem to prove that sanitary science and medical skill have made but little substantial progress in dealing with Asiatic cholera."

#### THE PROCEEDINGS OF THE EIGHTH ANNUAL SESSION OF THE MISSOURI INSTITUTE OF HOMŒOPATHY.

#### THE TRANSACTIONS OF THE FIFTEENTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF MICHIGAN.

Both of these volumes are interesting and make a creditable showing for their respective societies.

"DRUGS AND MEDICINES OF NORTH AMERICA." A quarterly devoted to the historical and scientific discussion of the botany, pharmacy, chemistry, and therapeutics of the medicinal plants of North America. By J. U. & C. G. Lloyd. Cincinnati: 180 Elm Street. 1884.

The above quoted title gives one a clear idea of the purposes of this quarterly. The descriptive text is illustrated by wood-cuts. Subscription price is only one dollar a year, which brings a most valuable work within the reach of all. Though the homœopathic value of these plants is not well defined, being given chiefly by Dr. E. M. Hale, nevertheless the work is worth much more than the subscription price.

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A GOOD INVESTMENT:—Any of our readers who desire to make a paying investment should send five dollars to 113 Fulton Street, New York city, and secure a copy of *The Sanitarian*. It is certainly a most valuable monthly.

THE  
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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CHOLERA, SNAKE-BITE AND THEIR LESSONS.

P. P. WELLS, M. D., BROOKLYN.

There are dangers and calamities to which mankind is exposed, of different degrees of destructive power, before some of which our nature shrinks instinctively, and, judging from the ordinary experience of them, it would seem that defense or deliverance from them are to be sought in the Divine power alone. Educated science as met among men can only stand before them appalled and confess its powerlessness to give relief. Among these are malignant cholera and the bite of the rattlesnake. Cholera continues to seize its victims and quench their lives even before the eyes of the "*cholera experts*," including Koch, just the same since he proclaimed his discovery of the germs he alleges to be the originating cause of the plague as before his discovery, and before its history or its presence to-day self-styled "*scientific medicines*" stands as to its cure precisely in the attitude of Faust:

*"Da steh ich nun, ich armer thor,  
Und bin so klug als wie zuvor!"\**

To cure or to prevent, after the opportunities of half a century for observation and study of this opprobrium, "*scientific medicine*" is as powerless in the end as in the beginning. It has learned nothing. It has not even learned that it has learned nothing. To be sure, it claims to have discovered the "*cholera microbe*." But what then?

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\* *Vide* HOMŒOPATHIC PHYSICIAN, Vol. IV, p. 30.

Why, destroy these—*tolle causam*—and lo! the resulting effects must cease. All that's needed is a "*germicide*," and then the problem is solved. So it would seem. But the sad fact is, after much great and earnest "*stamping out*" of these causing "*microbes*," cholera continues and kills just the same as before. And this is all "*scientific medicine*" has found for our protection and healing when before this dread plague. Why is this? Simply because it has been looking in a wrong direction for a solution of this problem. It has been seeking it under the guidance of worthless theories and traditions, and accepting only what was believed to be in harmony with these; and they have not found it simply because it was not there. They were in the position of the mariner who looked due *west* for the *pole star*. The end of such navigation and such so-called medical observation can both only end in disaster.

We have said "*scientific medicine*" has learned nothing in this half century of opportunity as to prevention or cure of this saddest and most fatal of plagues. The noxious nature of filth was known before. It would seem to have *forgotten* some of the conclusions of its own earlier experiences, if it has learned nothing by subsequent observations. In the epidemic which started in Northeastern Hindostan in 1828 or 1829,\* and reached Western Europe in 1831 and the United States in 1832, the "*scientific medicine*" of that day learned that the drug on which its theories had caused it chiefly to rely for its successful treatment was not useful at all as a remedy, but only and at all times *hurtful*, and the more if its use were combined, as their theory suggested it should be, with brandy. The drug was opium. The one only thing learned in that epidemic was that neither opium nor brandy was of the least value, whatever theory might have suggested as to their probable utility in treating malignant cholera. This one point, then learned, it would seem, has been forgotten, for at least one government has reduced its tariff of duty on imported opium, in an expected great need and demand for the drug in treating this expected disease. This policy can hardly have been otherwise suggested than by "*scien-*

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\*This epidemic started in the *northeast* of Hindostan and crossed the peninsula to its *southwest* border against the southwest monsoon, a wind which blows with force night and day, without intermission, during its period of continuance. This could not have happened if its originating cause had been minute material organisms. Minute material bodies could, in these circumstances, only move in the direction of the wind current. The fact that this epidemic moved *only* in the exact opposite direction, effectually disposes of Koch's microbes as its cause, and negatives his claim for them of this character, beyond all possible reply.

tific medicine." It is from this source governments take their inspiration in matters of sanitary policy and action.\* And yet this same authority found out, more than fifty years ago, that this drug was not only useless but positively hurtful in the treatment of cholera patients. "Scientific medicine" of to-day seems to have forgotten this, its one only discovery of half a century ago, and opium is to be made cheaper that its uselessness and harmfulness may be more largely and apparently displayed. We have known something of the blinding power of "scientific" conceit, heretofore, but this seems to be its latest if not its clearest demonstration.

In a retrospect of the history of "scientific medicine," other and many sicknesses and accidents are seen before which the experience and confession of poor, dazed Faust is paralleled, and to-day before these it is as empty of all knowledge of ways and means of cure as it was centuries ago. Of these it may be said, as of cholera, it has "learned nothing." Why? Not from lack of opportunity for observation and study of these oft-times fatal sicknesses or accidents. Not from any want of acuteness of intellect in the ranks of the representatives of "scientific medicine." Not for any lack of zeal or industry on their part. Not because the powerlessness for cure in these ranks was not recognized and acknowledged. Then why, in all these years, is the sad fact justly charged against them as to these opprobria. "They have learned nothing"? The obvious answer to this inquiry is, Because they have groped for the knowledge they sought in absolute darkness, or only in such light as speculations and baseless theories can give, and these, as to any beneficial results, have been but total darkness. They would neither accept better methods nor a better light, and the sad result is and has been, "*learned nothing*"! They have sought for hints as to ways and means of cure in post-mortem dissections with a diligence worthy of much admiration, but in these there has been and is no voice of instruction as to means of cure of that which had caused the discovered changes in tissues or organs; and yet, wonderful it is, these votaries of "scientific medicine" have not in all these centuries even learned this silence of morbid anatomy as to all belonging to a discovery of

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\*The same is true also of those newspaper men who often attempt to enlighten the public on matters of health and cures. One of these, a correspondent of one of our daily papers of largest circulation, informs his readers that "opium and laudanum are the *only* remedies for cholera"! He, unquestionably, had been so informed by the doctors, who had only forgotten what their predecessors had learned in their so great and fatal experiences of these drugs in 1828-1832.



curing agents. After any fatal termination of a new pathological puzzle they rush to the dissecting table and the scalpel for light which shall give them a better understanding of the problem if, perchance, it may be met again, and perhaps with hopes of finding some fact which may throw light on means for cure. In these many thousands of examinations they have never once found such fact, and is it not curious that now, after centuries of such examinations and such failures, the rush is still as prompt and earnest to the table and the knife, and the search there is just as honest and diligent for that which, in the nature of things, can never there be found, as it was in the beginning of these voiceless examinations so many centuries ago, just as if the unvarying experience of the past in these had not been an unvarying disappointment? Is it not curious? In this, as in the general question of ways and means of cure, the verdict is and must be, "*They have learned nothing;*" the true explanation of which is, "*Ye will not come to the light!*"

The newest exhibition of imbecility of this "scientific" practice before grave accident which we have seen is found in the history of the treatment of the last snake-bite. As before cholera, so here, powerless for good is the conclusion all intelligent minds must accept as the outcome of the endeavors for the relief of the bitten man. Alcohol and Ammonia, and then death, this being all "scientific medicine" had to offer for prevention of this result. And more, it was declared this, though a failure, was "all that was known" of means of relief from the effects of this poisoning. This was all the opportunity for observation and study of this kind of poisoning through the centuries of the past history of "scientific medicine" has gathered of knowledge of means for its cure—a poverty of results so remarkable that the rest of mankind may well marvel at it, and, perhaps not unreasonably, question the character of the claimed "*scientific*" element of the dominant practice of "*medicine.*" *Snake-bite*, Alcohol and Ammonia, and then death, and this is declared by the medical attendant to be "*all that was known*" of curatives for snake-bites—that is, this was all he knew, and before those interested in the fate of this poisoned man he was pretending to possess all of existing knowledge on this subject in possession of any man. This was either his mistake or his crime—his mistake if he believed his statement true; his crime if he knew better. In the great multitude of curing agents known more or less perfectly to those whose work it is to acquaint themselves with the powers of these agents, there are many which may be selected as curatives of the phenomena of such poisonings, as these, in their progress, may

develop different facts, the cure depending on the selection of the right agent, as demanded by law, for the group of phenomena present at the time of its administration.

In contrast with this imbecility, as before the cholera problem, should be placed the history of Hahnemann's dealing with this problem when the epidemic of 1831 was creeping toward the eastern border of Europe. When fear of this great plague which had left the dead in so great numbers along the track of its approach had thrown the whole population into agitation and alarm, this great man alone was tranquil and calm, confident of his mastery of this dread enemy. He told the doctors and the people what the medicines were which would both cure and prevent cholera;\* and subsequent experience of the use of these drugs abundantly proved the truth of his predictions. These drugs *did* both cure and protect the people from attack. How did he find this secret? What did he do? As he had then never seen a case of cholera, there could have been no microscopic hunting for microbes.† This has been reserved for the

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\* "Scientific medicine," having learned nothing as to a successful treatment of cholera, has continued its groping, and groping in darkness, for methods and means of cure in this latest European outbreak of the malady the same as at the first, notwithstanding this method of Hahnemann, proclaimed at the approach of the first epidemic into Europe, proved both curative and prophylactic, as he had predicted; and notwithstanding the truth of this prediction has been so abundantly confirmed in the experiences of several subsequent epidemics, both European and American, "scientific medicine" continues to ignore this experience, treats the many-thousand-times-demonstrated truth of Hahnemann's prediction, and the fact of the enormously greater success of his method of dealing with cholera as compared with its own, with affected scorn and contempt. Does it, in this, pretend to have found a better method? Nay, it has found none at all. It has only groped in darkness, and in the darkness of its theories, for that sought-for light, and, in a word, with these has resorted to no small experimentation, all of which, a physician in the Pharo Hospital writes to a correspondent of the *New York Times*, have proved "*failures*." Such experiments have always proved failures. And now, after these so many failures, are these "scientific" gentlemen any more ready to heed the better experiences of those who have cured and protected by use of Hahnemann's method? Not in the least. Their own failures, on the one side, and the comparatively superb successes, on the other, are not regarded by them. If these successes are mentioned to them they only imitate the pride and scorn of the Pharisees of old, who received a report from the man who was blind, with the proud rebuke, "*Dost thou teach us?*" The hospital physician above referred to characterizes the people of Marseilles thus—and the language and character can be no less appropriate if applied to "scientific" medical gentlemen in general, before this cholera problem—"The ignorance and bigotry of the population [doctors] here are almost incredible."

† These microbes, Koch hastily and boldly declares, are the true cause of malignant cholera. He just as positively declares that their life, and therefore their noxious activity, depends on moisture; that if once *dry* they are *dead*. This is his second *fact*, so called, discovered and proclaimed beside his

amusement of "scientific medicine" of a later day. And yet, let it be remembered, with no thought of "microbes," he found the cure. He had previously found the way to this, and the way was through God's law of relationship of curatives to the sicknesses to which He had appointed them for their healing. As in contrast with our more modern searches by our modern "scientific medicine," we see God's law on the one side and the microscope on the other, and by the law the cure and prophylactic were found, while the microscope only found microbes. Surely this difference of result should be accepted by all mankind as conclusive of the superiority of law over all speculations, however ingenious, as a guide in searching out the secret of curatives for the sick.

This result should be instructive to all doctors and all mankind;—to doctors, teaching them the fact of the existence of this law and its absolute authority in all duties and processes of healing, and to the rest of mankind that all pretense of a "scientific" character of any therapeutic endeavor outside of this law is only a sham and a *false* pretense. The result of the search under law should have been equal to quenching the hate of even "scientific medicine" for all pertaining to this law; but history shows that it has only intensified this, and the more whenever law is found opposing its speculations, however baseless these may really be. Is it not these which give to it its only claim to the title so dearly cherished by it—"scientific"? Then, "out with law, since either this must go or our pride!"

So before the problem of a cure for snake-bite. It may well be conceived that a search for its solution under the guidance of law might have resulted in the discovery of other remedies than these speculative ones, Alcohol and Ammonia, and these others may have wrought a cure. *Certainly* this would have been the

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first—the existence of these microbes. The facts in the case of cholera prove that even an earnest, honest, and industrious man may be mistaken. If *dead* when dry, and because dead powerless to produce the disease, is a fact, then the other fact—that cholera was produced by exposure to clothing removed from a box where it had been closely packed eight years, which clothing eight years before had been charged with the cholera atmosphere—proves the existence of some other cause of the disease than Koch's microbes. Koch has only discovered their existence; not that they are in any way important in causation, prevention, or cure. If the causing agent in this case were microbes, and these only cause cholera when moist, they were certainly a long time in drying and dying. The drying and dying may safely be stamped with the verdict which intelligence of the facts of cholera will surely impress on this whole microbe discovery as a cause not only "not proven," but *false*. All Koch has discovered is the presence of these organisms in the excreta of cholera patients. His ascription to them of the office of causation is wholly gratuitous.



result if the *specific* for the case had been found; and this could only have been found by a search under and according to law. If found and given to the poisoned man there might then and there have been demonstrated the difference in the results of *specific* and "*scientific*" medicine.

The reason why "scientific medicine" has no remedies for snake-poisoning is because it has no guides in its search for them other than its unscientific speculations, and these have been proved wholly inadequate to the work. It has despised God's law as a guide, and so each has become a blind guide to himself, and the centuries of search under this direction has ended in "no other remedies known than Alcohol and Ammonia." And, as it was pretty well known that the last snake-bite treated in New York had vast administration of Alcohol, and yet the patient died, it might not unreasonably be questioned by some whether this be really a remedy for this formidable poisoning. Indeed, so great was the quantity given that some, perhaps not unreasonably, questioned whether Alcohol had not *killed* the patient. It certainly did not cure him. And, as in this case, the "scientific" rule for drug administration—"all he can bear"—was very faithfully and fully carried out, it cannot be denied that the *killing* was a possibility. Was the *killing* any better by reason of the claim that it was "scientific"?

Then, in this last poisoning, after death, it is curious to see how, in strict accord with "scientific" tradition, the rush was to the table and the knife—and for what? To find in the dead hints as to any possible cure of the living while so poisoned? Then they were certainly looking for what no similar examinations had ever yet disclosed in any similar or any other cases. The facts which point to the specific curative for any case are found in the living, never in the dead. In the case of serpent-poisonings these facts are to be sought and found, if found at all, just as specific curatives are sought and found in *all* other sicknesses, *i. e.*, under the guidance of law, and not otherwise. Law requires that the agent which can produce in the living organism phenomena the most like those of the sick condition shall be found and given as its corollaries require, and then it promises us a cure. We know of no reason for believing serpent-poisonings are any exceptions to this relationship of curatives to sicknesses which so many thousands of experiences in other forms of sickness have so fully demonstrated and confirmed. Find the agent which has been known to have produced phenomena most like those resulting from this poisoning, and the law says you have its cure. Are any such agents



known? Let us see, if we may, how our priceless Lachesis corresponds in its poisonous results to those of the Crotalus. The symptoms of Crotalus here given are from the *Encyclopædia of Materia Medica*. Those of Lachesis are, except those credited to Jahr, from his *Codex*, and those followed by B. from Bœnninghausen's "*Taschen Buch*," and those by H. from Hering's "*Schlangen Gift*."

## CROTALUS.

Depression of spirits and indifference.

Delirium at night.

Dullness of intellect.

Can't express his ideas.

Weakness of memory.

Vertigo.

Vertigo, with nausea.

Vertigo, with paleness.

Headache extending to the eyes.

Pressive frontal headache.

Pains in temples.

Pressure in temples, especially the left.

Stitches in left temple or whole left side of the head.

Itching of scalp.

Yellow color of eyes.

Frequently of the whole body.

Blood exudes from the eyes.

Blood flows from eyes, ears, and nose.

Pains above the eyes.

Eyes almost closed.

Frequent lachrymation.

Bleeding from the ears.

Stoppage of the ears.

Bleeding from nose.

Earthy color of the face.

Yellow color of face.

Leaden color of face.

Cramps in jaw.

Bleeding of the gums.

Swelling of the tongue, with inflammation of it.

## LACHESIS.

Depression of spirits, with chilliness.

Indifferent and disinclined to work.

Delirium—B.

Mentally very indolent.

Weakness of memory, so it was difficult to remember what was said to him.

Vertigo (chronic after the bite).

Vertigo previous to the vomiting.

Vertigo precedes faintness.

Pressure above left eye.

Violent throbbing above left eye.

Pressure over eyes extending to root of nose.

Pressure in the forehead.

Headache in both temples.

Pressure quite severe in left temple.

Stitches in left temple and side of the head.

Violent itching of scalp, as if from ants.

Yellowness of the sclerotica.—*Jahr*.

Jaundice.—B. H.

Bleeding from eyes.—*Jahr*.

Bleeding from eyes, ears, and nose.—*Jahr*.

Pains above the eyes after weeping.

Swelling gradually extended over the whole face, so that eyes became closed.

Eyes watery, with nasal catarrh.

Bleeding from the ears.—*Jahr*.

Singing in right ear, which afterward felt as if closed.

Bleeding of the nose.

Earthy, gray color of the face.

Yellow color of the face during the fever.

Leaden color of face.—*Jahr*.

Spasms of the jaw.—*Jahr*.

Bleeding of the gum.

Left half of the tongue swollen, feeling as though it were the effects of mercury.

Accumulation of saliva.	Salivation, with biting on tongue.
Articulation indistinct.	Speech indistinct.— <i>Jahr</i> .
Loss of speech.	Difficult speech.— <i>Jahr</i> .
The tongue and whole throat as if constricted.	Pressure in the throat, as if from something astringent.
Dryness of the throat, with great thirst.	Evenings and nights the throat as if dried up with thirst.
Painful rawness of the throat.	Rawness of the throat, with swelling.
Larynx painful to touch.	The throat very sensitive to external pressure.
Great thirst from the first.	Constant thirst, with dry tongue and skin.
Unquenchable, burning thirst.	Insatiable thirst, with dry mouth and weakness.
Nausea, with vertigo and headache.	Nausea, then vomiting, with transient vertigo.
Nausea and vomiting soon after the bite.	Nausea, with vomiting and thirst.
Constant vomiting.	Constant inclination to vomit.
Vomiting of food.	Vomiting of food.
Vomiting of blood.	Vomiting of blood.
Intolerance of clothing about the epigastrium.	He was obliged to loosen his clothes.
Painfulness of the epigastrium.	Pain in epigastrium while pressed upon.
Stitching in the epigastrium.	Stitching extending from the stomach to the chest.
Stomach sore and tender.	Throbbing in the epigastrium.
Throbbing in the epigastrium.	Burning sensation in the umbilicus.
Violent, burning umbilical pains.	Abdomen distended hard.
Swelling of the whole abdomen.	Burning in the abdomen, with unendurable pain and sensitiveness to touch.
Burning pains in the abdomen, with great sensitiveness to touch.	Discharge of blood and pus from anus.
Bleeding from anus.	Urine dark yellow, color of copper coin.
Urine reddish yellow.	Unusual erections during the day.
Sexual excitement during the day.	Continued absence of sexual power.
Impotence.	Voice hoarse, with a rough throat.
Voice weak, hoarse, and rough.	Expectoration of blood or of blood and frothy mucus.
Spitting of blood.	Respiration difficult almost all day.
Respiration difficult and slow.	Unable to breathe, must sit up.
Oppressed respiration while sitting.	Spasmodic pains, which cause anxiety and palpitation.
Pain in the breast.	Pulse full and hard.
Pulse full and rapid—then full and slow.	Pulse small and rapid, with hot skin.
Pulse weak and intermitting.	Pulse small, weak, and irregular.
Pulse tremulous.	Pulse small, soft, and irregular.
Whole extremities swollen and very painful.	The bitten limbs become inflamed and swollen.
Heaviness in the arms and legs.	Heaviness of all the limbs.
Swelling and heaviness of the bitten arm.	Aching and heaviness extending through shoulder and arm.
Cold swelling of hand and arm, with painfulness to pressure.	Swelling of the muscles of the forearm, frequent swelling of the hand.

Trembling of hands.	Trembling of the hand in a drunkard.— <i>Cured</i> .
Swelling and burning pain in the leg that was bitten.	Gangrene of the bitten part, with inflammation and swelling of the part.
Flesh decayed and fell from the bitten leg.	The flesh mortifies and falls off in pieces.—H.
Œdematous swelling of the whole body.	Œdema.—B.
Hæmorrhage from all the orifices of the body.	Bleeding from eyes, ears, nose, anus, urethra.— <i>Jahr</i> and H.
At times the blood flows suddenly from eyes, ears, nose, gums, and beneath the nails.	
General spasms, without foaming at the mouth.	Convulsions and other spasms, with violent outcries.
Depression of vital powers.	Great exhaustion of body and mind.
Great loss of muscular power.	Great relaxation of muscles and exhaustion from the least exertion.
The least exertion tires.	Weakness, especially of the legs and arms.
Tremulous weakness.	One-sided paralysis, especially of the arms.
Paralysis of one side.	Frequent faintness.
Faintness.	Frequent faintings, with nausea, dispnœa, palpitation of heart, and cold sweat.
Faintness, with imperceptible pulse and inclination to vomit.	Pains pass from one part to another, first from left then from right.
All the pains alternate rapidly with each other and frequently recur.	Jaundice.—B. and H.
Yellow color of the whole body.	Yellow spots.
Yellow spots over the body.	Bloody sweat.—B.
Oozing of blood in the form of sweat in large quantities.	
Gangrene of the bitten portion, extending over the body.	The bitten wound swells, is ecchy-mosed, the red becomes black, bluish, red-spotted, black-spotted, yellow-spotted, insensible, and gangrenous.—H.
Great sleepiness.	Great sleepiness.—H.
Coma.	Coma.—H.
Many dreams of strife and anger.	Laborious dreams.

These symptoms have been taken from the record as those most likely to be met in cases one may be called to treat, as they are, most of them, such as speedily follow the bite. The similarity of the two series is certainly very great, and it would seem, if similarity is the constituent of the curative in all cases, that here in *Lachesis* we have a cure for poisonings by the *Crotalus* which can leave little need of any other. The similarity here is much greater than that of either *Alcohol* or *Ammonia*. But just here we are met by a caution from the father of *Lachesis* himself. In *Archiv. für Homœopathische Heilkunst*, b. xv, theil 1, s. 13, he says: "Many experiences have made plain to me the law, 'Near relationships of earths, plants, or animals are, not-

withstanding all relationship of their symptoms (*i. e.*, the similarity of them), by no means mutual antidotes to each other.'” He illustrates this by instancing *Rhus* poisoning not antidoted by other varieties of *Rhus*;\* nor *Nux vomica* by *Ignatia*; *Solanum dulcamara* by *Solanum nigrum*; nor *Veratrum* by *Sabadilla*. This is true. And he says of the *Trigonocephalus Lachesis* that it is “only a great rattlesnake without the rattles,” *i. e.*, the poisons of the two are too near *identity* to fulfill the office of similarity. He certainly is not wise who lightly regards any practical experience of Hering, or any proclamation by him of a law pertaining to practical therapeutics. He says the antidote should be sought in agencies far removed in scientific relationship from that which has caused the evil to be cured.

If a high potency of *Lachesis* should disappoint us, we should naturally next resort to that most similar animal poison which after *Lachesis* has shown nearest relationship to the phenomena of the case. The poison of some of the deadly insects of the tropics would very naturally suggest itself—of the spiders, for example—though, perhaps, the similarity of the experience of poisonings by these is more in their rapidly fatal terminations than in the morbid phenomena they present—Hering’s *Theridion*, for example. There is also a spider in our own climate the bite of which is followed very speedily by great pains and swelling of the parts bitten, and sometimes by rapidly fatal results. Then we should not forget *Apis* and *Cantharis*. *Apis* has the severe pain, rapid and extreme swelling, restlessness, anxiety, and rapid exhaustion of life-power and oppressed breathing, all so characteristic of *crotalus* poisoning. *Cantharis*, inflammation, swelling and vesseication of the affected parts with great burning, all which are found in so great degree in these poisonings. *Arsenic* has likeness also in the extreme anxiety, restlessness, oppressed respiration, embarrassment of the heart’s

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\* The best cure we know for *Rhus* poisoning is a *very high potency* of *Rhus* itself. I have seen obstinate chronic eruptions and ulcers from this poison disappear as by a charm on the patient receiving the 40,000 of Fincke, when lower potencies given in the same case had been wholly inoperative, as had also other remedies which in their results have symptoms similar to some of those of *Rhus*. Shall we be instructed by this fact, and in case of poisoning by the *crotalus* give *Lachesis* very high, with hopes of success from change of action of the crude *Lachesis* poison by the process of potentization? In the case of the *Rhus* the 10,000 and the 40,000 have cured cases for me when the 30, 12, 3, and even lower potencies have utterly failed to give any relief, proving a *different* action of these higher—the *idem* by this process seeming to have become a *simile*. We should certainly resort to a high potency of this most similar poison with good hopes of success.



action, and great exhaustion. Hering mentions Belladonna and Phosphorus as remedies of great value in treating crotalus poisoning. Their similar relationship to some of the phenomena of these poisonings is sufficiently apparent. The faintness with *slow* and *feeble* beating of the heart would also suggest as a relief of this grave fact, so threatening of the approaching paralysis of this organ now so certainly near and so certainly fatal if not speedily relieved, resort to *Laurocerasus*, which in its poisonings presents a very similar condition of heart function, though nothing like to that most fearful of all in the snake-poisoning—the tendency to rapid dissolution of all the fluids and solids of the organism. The *Laurocerasus* can, therefore, hardly be regarded as a curative of the whole train of phenomena of the poisoning, while it may be a most valuable agent for the arrest of this approaching paralysis, so speedily and certainly fatal if not promptly met and overcome by appropriate means. By this resort we may gain time in which we may be able to deal with other grave elements of the problem of the complete cure.

It can hardly be otherwise than that he who is guided in his selection of remedies by the light of law will find in the medicines named, or among the multitude of others whose record we have in our materia medica, many remedies for this fearful emergency far superior to the poverty-stricken, confessed limitation of resources of the old school, which only knows Alcohol and Ammonia. We say remedies far superior by reason of their greater similarity of action to that of the snake-poison. Intelligent men can hardly fail of being instructed by this comparison of the resources of the two schools, before this and other extreme emergencies, as to two facts: First, as to the greater number of agents for their cure in possession of the new, and the unspeakable advantage the physician has who seeks among our many medicines the one specific for his case, under the guidance of law; and second, the utter emptiness of the pretense of those who are, by their own confession, limited in their resources to the *two* agents so often named, and so recently proved to be powerless for relief, that theirs is the "*scientific*" medicine, and that as to all of this the world has they are its sole possessors and monopolists. It can hardly be otherwise than that in the practical application of the therapeutics of the two schools for the relief of this great danger, the great superiority of that governed and guided by law, over that whose only resource is guessing, will be demonstrated. Conceit, arrogance, and pride, in the long run, will be found but feeble enemies of law

and orderly administration of means it demands and provides for the cure of the great plagues we have considered, as well as all other grave sicknesses to which men are liable.

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### THE LANCET ON NARCOTICS.

“Again we have to record with deep regret a sad proof that those who give or take Chloral, or Bromide of Potassium, for sleeplessness are guilty of a deplorable error and do a grievous wrong. The narcotics which poison sleep also deprave the higher nervous centres, enfeeble the controlling power of the will, and leave the mind a prey to the depressing influence of a conscious loss of self-respect and self-confidence. The cultured mind feels the ignominy of this intellectual and moral depreciation with great acuteness, and in the end succumbs to the sense of powerlessness to recover self-control and do right. The deprivation wrought is purely physical. The baneful influence of the lethal drug is, so to say, organic. The essential elements of the nerve tissue are blighted by the stupefying poison, as by Alcohol in habitual drunkenness. In short, the recourse to Chloral and Bromide is precisely the same thing as a recourse to Alcohol. The man or woman who is sent to ‘sleep’—the mocking semblance of physiological rest [Will not this apply to all soporifics?]-by a dose of either of these narcotizers is simply *intoxicated*. No wonder habitual drunkenness of this class first impairs and then destroys the vitality of the mind organ, and places the subject of a miserable artifice at the mercy of his emotional nature, and makes him the creature of his passions. When will the public awake to the recognition of facts with regard to the use of these most pernicious stupeficients? Persistence in recourse to them has no better excuse than unwillingness to take the trouble to search out the cause of the ‘wakefulness’ which prevents natural sleep.”

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### THE DISTINCTIVE SYMPTOMS.\*

T. L. BROWN, M. D., BINGHAMTON, N. Y.

Above all similar considerations, the physician desires to know why he gives one remedy instead of another.

Such knowledge depends upon the one or more known symptoms the remedy produces, differing from those produced by any

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\* Read before New York State Homœopathic Society.

or all the other proven remedies. This symptom must be distinctly understood by the physician or he cannot be satisfied he is giving the right remedy according to the law of "*similia*." If we could always hold in our minds, at each interview with our patient, the great number of symptoms found in our materia medica, we would not need such landmark symptoms to help us determine the remedy.

If each remedy does not produce symptoms not common to other remedies, how could we select a homœopathic remedy suitable to any case?

Experience teaches that one dose of the best attenuated remedy, repeated as often as improvement really ceases, will do the remedial work so much better than flooding the patient with toxic quantities of the medicine. Both schools of medicine begin to more fully understand this fact.

We, therefore, need to know more about the distinguishing symptoms of each remedy we use.

Years of close observation and experience have compelled me to think my best cures, by medicine, have been the most apparent when the distinctive symptoms have guided me in the selection of the curative remedy. Most patients present but few symptoms, and we generally find among those symptoms the ones which best correspond with the indicating symptom of the remedy most needed, and then on further comparison that symptom controls our choice of the remedy.

The abuses of medicine and the bad uses of compound prescriptions will disappear in proportion to the increase of the knowledge gained by the use of one medicine at a time in all prescriptions, and that, too, in the smallest curative doses. The reason we to-day give one remedy and trust it for hours and days, is our knowledge of the guiding symptoms we find so fully corresponding with the symptoms of our patient.

When we give medicines in compound doses and thus fill our patients with a variety of drugs, it will be hard work to tell which has helped or injured the patient the most.

Such patients will commonly recover best on placebos, at least until all drug action ceases to harm them, after which you can the better find the guiding symptoms, leading to the proper choice of remedy.

Our worst patients are those who have been long drugged by both schools into a dose-muddle.

The odd symptom of each patient is the one most likely to direct us sooner to the proper curative remedy—better even than the more common symptoms in the case.



The new and last symptom is the one most likely to aid us in changing to a more suitable remedy.

Disease is not an entity. It is only an organic and functional disorganization of the different portions of the body.

Remedies help reorganize by keeping up the molecular motions necessary to that end. How or why they do it is another question not in my mind to answer. Health is perfect form in body, and timely atomic and molecular motions of all the bodily structures.

Remedies in a toxical form and quantity destroy all human or animal motion, and by their attenuated forms, used at the needed moment, bring back similar health motions controlling organization. The very best drug disorganizers are, when in molecular form, the best organizers when proportionally brought in relative contact.

Organic-molecular motions of the brain-forms, induced by drugs, will increase or diminish mental motions. We therefore very often find the best guiding symptom to be one intimately connected with the mind manifestations. In fact, the mental symptoms are of more importance in the selection of the right remedy than the more common objective symptoms of the other bodily structures.

Our physical and mental conditions, so far as we know, depend upon the correct combination of the elementary, material forms. Hence, when a remedy helps to organize the said elements into bodily organs, it is remedial, and the physical and the mental symptoms of disease disappear.

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## HAHNEMANN ON LARGE DOSES OF HOMŒOPATHIC REMEDIES.

“Large doses of remedies which are homœopathically indicated are much more certainly injurious than when they are given without holding any relation of similarity (homœopathic relation) to the case of disease, or when they stand in a relation of contrariety (antipathic), that is, are given entirely at random (allopathically). In the homœopathic use of remedies, in cases where the totality of the symptoms of the patient is paralleled in great similarity by the action of the drug, it is a real crime not to give very small, the smallest possible, doses; for in these cases massive doses, such as are ordered of drugs in the ordinary quack practice, are veritable poisons and murderous potions. Convinced by thousand-fold experience, I make this declaration, and mean it to apply to every homœopathic administration of



drugs in general and *universally*, especially when the disease is acute \* \* \* Let no one come then and say \* \* \* a remedy has been given \* \* \* in an appropriate case, yet in the strongest doses and not too seldom either, but every two or three hours, and *yet* the patient is dead. Nay, I reply, from full conviction, *for that very reason* he is dead, and thou hast killed him. Hadst thou given him a single dose of the smallest part of a drop of the twenty-fifth or thirtieth dilution (in rare cases a second dose, repeated on the third or fourth day), then had the patient been saved, *certainly* and with much less trouble."—*From Note to Prov. of Hyos., Reine Arzneimitretellehre*, 4, 46. 1825.

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## DISEASES FROM THE INFLUENCE OF THE PASSIONS.

The passions which act most severely on the physical life are anger, fear, hatred, and grief. The other passions are comparatively innocuous. What is called the passion of love is not injurious until it lapses into grief and anxiety; on the contrary, it sustains the physical power. What is called ambition is of itself harmless; for ambition, when it exists purely, is a nobility, lifting its owner entirely from himself into the exalted service of mankind. It injures when it is debased by its meaner ally, pride; or when, stimulating a man to too strenuous efforts after some great object, it leads him to the performance of excessive mental or physical labor, and to the consequences that follow such efforts.

The passion called avarice, according to my experience, tends rather to the preservation of the body than to its deterioration. The avaricious man, who seems to the luxurious world to be debarring himself from all the pleasures of the world, and even to be exposing himself to the pangs of poverty, is generally placing himself in the precise conditions favorable to a long and healthy existence. By his economy, he is being saved from all the worry incident to penury; by his caution, he is being screened from all the risks incident to speculation or the attempt to amass wealth by hazardous means; by his regularity of hours and perfect appropriation of the sunlight, in preference to artificial illumination, he rests and works in periods that precisely accord with the periodicity of nature; by his abstemiousness in living, he takes just enough to live, which is precisely the right thing to do, according to the rigid natural law. Thus, in almost every

particular, he goes on his way freer than other men from the external causes of all the induced diseases, and better protected than most men from the worst consequences of those diseases which spring from causes that are uncontrollable.

**EFFECTS OF ANGER:** Of the passions I have enumerated as most detrimental to life, anger stands first. He is a man very rich indeed in physical power who can afford to be angry. The richest cannot afford it many times without insuring the penalty, a penalty that is always severe. What is still worse of this passion is, that the very disease it engenders feeds it, so that if the impulse go many times unchecked it becomes the master of the man.

The effects of passion are brought out entirely through disturbance in the organic nervous chain. We say a man was "red" with rage, or we say he was "white" with rage, by which terms, as by degrees of comparison, we express the extent of his fury. Physiologically, we are then speaking of the nervous condition of the minute circulation of his blood: that "red" rage means partial paralysis of minute blood-vessels; that "white" rage means temporary suspension of the action of the prime mover of the circulation itself. But such disturbances cannot often be produced without the occurrence of permanent organic evils of the vital organs, especially of the heart and of the brain.

The effect of rage upon the heart is to induce a permanently perverted motion, and particularly that perverted motion called intermittency, of the nature of which the reader has doubtless already been informed.

One striking example, among others of this kind which I could name, was afforded me in the case of a member of my own profession. This gentleman told me that an original irritability of temper was permitted, by want of due control, to pass into a disposition of almost persistent or chronic anger, so that every trifle in his way was a cause of unwarrantable irritation. Sometimes his anger was so vehement that all about him were alarmed for him even more than for themselves, and when the attack was over there were hours of sorrow and regret, in private, which were as exhausting as the previous rage. In the midst of one of these outbreaks of short, severe madness, he suddenly felt, to use his own expression, as if his "heart were lost." He reeled under the impression, was nauseated and faint; then, recovering, he put his hand to his wrist, and discovered an intermittent action of his heart as the cause of his faintness. He never completely rallied from that shock, and to the day

of his death, ten years later, he was never free from the intermittency.

The effect of anger upon the brain is to produce first a paralysis, and afterward, during reaction, a congestion of the vessels of that organ; for, if life continues, reactive congestion follows paralysis as certainly as day follows night. Thus, in men who give way to violent rage there comes on, during the acute period, what to them is merely a faintness, which, after a time of apparent recovery, is followed by a slight confusion, a giddiness, a weight in the head, a sense of oppression, and a return to equilibrium. They are happy who, continuing their course, suffer no more severely. Many die in one or other of the two stages I have named. They die in the moment of white rage, when the cerebral vessels and heart are paralyzed. Then we say they die of faintness, during excitement. Or, they die more slowly when the rage has passed and the congestion of reaction has led to engorgement of the vessels of the brain. Then the engorgement has caused stoppage of the circulation there; or a vessel has given way; or serous fluid has exuded, producing pressure, and we report that the death was apoplexy, following upon excitement.

**EFFECTS OF HATRED:** Hatred, when it is greatly intensified, acts much like anger in the effects it produces. The phenomena differ in that they are less suddenly developed and more closely concealed—they very rarely, in fact, come under the cognizance of the physician unmixed with other phenomena. They are made up of the symptoms of suppressed anger with morose determination, and they keep the sufferer from rest. He is led to neglect the necessities of his own existence; he is rendered feverish and feeble; and at last he either sinks into chronic despondency and irritability, or rushes hastily to the performance of some act which indicates disordered mind.

**EFFECTS OF FEAR:** The effects of fear are all but identical with those of rage, and, like rage, grow in force with repetition. The phenomena are so easily developed in the majority of persons that they may actually be acquired by imitation, and may be intensified and perhaps induced by listening to the mere narratives of events which act as causes of fear. I am daily more and more convinced that not half the evils resulting from what may be called the promptings of fear in the young and the feeble are duly appreciated, and that fear is the worst weapon of physical torture the thoughtless coward wields. The organs upon which fear exerts its injurious influence are, again, the organic nervous chain, the heart, and the brain.



Permanent intermittency of the heart is one of the leading phenomena incident to sudden and extreme terror. One example, sufficiently characteristic, will illustrate this fact.

A gentleman of middle age was returning home from a long voyage in the most perfect health and spirits, when the vessel in which he was sailing was struck from a collision, and, hopelessly injured, began to sink. With the sensation of the sinking of the ship and the obvious imminence of death—five minutes was the longest expected period of remaining life—this gentleman felt his heart, previously acting vehemently, stop in its beat. He remembered then a confused period of noise and cries and rush, and a return to comparative quiet, during which he discovered himself being conveyed, almost unconsciously, out of the sinking vessel on to the deck of another vessel that had rendered assistance. When he had gained sufficient calmness he found that periods of intermittent action of his heart could be counted. They occurred four and five times in the minute for several days, and interfered with his going to sleep for many nights.

The effect of fear on the brain may be to the extent of that which is produced by extremity of rage, so that even sudden death, from syncope, may ensue. I have known two such instances as these; but the more common effect is an intense irritability, followed by doubt, suspicion, and distrust, leading toward or to insanity. From a sudden terror deeply felt the young mind rarely recovers, never, I believe, if hereditary tendency to insanity be a part of its nature. A man who is now the inmate of an asylum, owing to fixed delusions that all his best friends are conspiring to injure and kill him, explained to me, before his delusion was established, from what it started. When he was a boy he had a nervous dread of water, and his father, for that very reason and with the best of intentions, determined that he should be taught to swim. He was taken by his tutor, in whom he had every confidence, to the side of a river, and when he was undressed he suddenly found himself cast by his instructor, without any warning, into the stream. No actual danger of drowning was implied, for the tutor himself was at once in the water to hold him up or to bring him to land; but the immediate effect, beginning with the faintness of fear, was followed by vomiting, by a long train of other nervous symptoms, by constant dread that some one was in some way about to repeat the infliction, by frequent dreaming of the event by night, by thinking upon it in the day. At last, all the phenomena culminated in that breach between the instinctive and



the reasoning powers which we, for want of a better term, call dangerous and insane delusion.

**EFFECTS OF GRIEF:** The effect of grief varies somewhat according to the suddenness or slowness with which it is expressed. Sudden grief tells chiefly upon the heart, leading to irregular action and to various changes in the extreme parts of the circulation incidental to such irregularity. Under sudden impulse of grief I have known singular local manifestations of disease, as, for instance, the development of a *goitre*; an hæmoptysis or loss of blood from the lungs; a local paralysis of the lip and tongue; a failure of sight.

When the grief is less sudden and more prolonged, want of power and intermittency of the circulation are again the most common phenomena. They are most easily developed in women, but I have seen them occur even in men of strong habit but sensitive feeling. Thus a gentleman whom I know well, and who suffers in the way I describe, tells me that he first became conscious of the intermittency in the action of his heart, upon the anxiety he felt from the loss of one of his brothers to whom he was deeply attached, and for whose superior talents he had, as indeed many others had, a profound admiration. The attacks at first were so severe that they created in his mind some alarm; but in course of time he became accustomed to them and the sense of fear passed away. The intermittency in this instance alternated with periods in which there was very slight interruption of natural action. During the more natural periods there was, however, an occasional absence of stroke once in two or three hundred beats, but the fact was not evident to the subject himself. When the extreme attacks were present the intermittency of pulse occurred six or even seven times in the minute, and the fact, which was subjectively felt, was very painful. The stomach at the same time was uneasy; there was flatulency and a sensation of sinking and exhaustion. In the worst attacks there was also some difficulty in respiration and a desire for more capacity for air, but unattended by spasm or acute pain. A severe attack was induced readily by any cause of disturbance, such as broken rest or mental excitement; on the other hand, rest and freedom from care seemed to him curative for a time.

In this gentleman another symptom was presented for one or two years which is somewhat novel and exceedingly striking. The symptom was this. When the intermittent action of the heart was at its worst, there came on in the fingers of one or other hand a sensation of coldness and numbness, followed instantly by quick blanching of the skin, precisely the same

appearance, in fact, as is produced when the surface of the body is frozen. The numbness and temporary death of the parts would often remain for a full hour, during which time the superficial sensibility was altogether lost. When recovery commenced in the fingers it was very rapid, and after recovery no bad results were ever noticeable. I have since seen one similar illustration in another individual, occurring under nearly similar circumstances.

From the irregularity of the circulation of the blood induced by prolonged grief, varied central phenomena in the nervous matter follow, and in persons who have passed middle life these phenomena are usually permanent if not progressive. They consist of organic feebleness extending to all the active organs of the body, and affecting specially the mental organism. A constant desire for rest, for avoidance of cares, for seclusion, mark this stage of disease, if so it may be called. It is not necessarily a stage leading to rapid failure of further physical or mental power, for the mind and body are subdued so equally there is no galling irritability, no wearing depression from the influence of other passions. The worst that happens ultimately in those instances is the gradual but premature encroachment of dementia previous to death, if the life be prolonged to its natural term.—DR. B. W. RICHARDSON.

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THE BEST DISINFECTANT.—As ordinarily used, disinfectants lull into false security, simply disguising one bad smell by substituting another. To attempt to purify the air of a sick-room made foul by the exhalations of the breath by the use of carbolic acid, etc., is simply to add to the danger instead of lessening it. *Pure air in abundance, circulating freely, is the best disinfectant.* Nothing else can take its place, and it costs nothing, except the effort to open the window. Fresh air is as necessary at night as in day, and is as pure. Additional covering may be required, but no less air.—JOHN AVERY, M.D., in *The Sanitarian*.

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INFORMATION WANTED.—Some time ago a homœopathic physician published in an American journal some symptoms produced in a patient by one of Fincke's high potencies of *Symphytum*. Can any one give me the reference?

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CORRECTION.—HOMŒOPATHIC PHYSICIAN, Vol. IV, p. 69, *Oxeodaphne* should be *Oreodaphne*, *ορεοδαφνε*, Mountain Laurel. I pointed out the error to Dr. Murray Moore, a prover, and he acknowledged it, it having escaped his notice in proof-reading.

# CLINICAL BUREAU.

## CLINICAL AND PATHOGENETIC NOTES.

E. W. BERRIDGE, M. D., LONDON.

(1.) *Mephites*.—Pain in left hypochondrium as from flatus there; worse by moving left arm across body. The part feels bruised on touch. One dose of *Mephites putorius*<sup>200</sup> removed the pain within an hour and it did not return. (See C. Lippe's *Repertory*, p. 113.)

(2.) *Calcareo*.—Mrs. J. reports that *Calcareo*<sup>3</sup>, half a drop twice a day, caused her baby to urinate six or seven times an hour, passing a good deal each time. This ceased soon after leaving off the medicine.

(3.) *Cinchona*.—Constant choking; every day, between 6 and 7 P. M., short breath and loud wheezing, making the choking worse; must sit up and sip water. Tight, stuffy cough, with very little sputa. Pain in spine, like a weight there; worse by lifting; sensation of fullness in abdomen while eating; all her clothes feel tight; constant tiredness; must lie down, else she has such palpitation that she cannot breathe; head dragged backward. *Cinchona*<sup>cm</sup> (Fincke) quickly cured.

(4.) *Pulsatilla*.—For three days cannot retain food; it comes up hours afterward just as swallowed; vomiting and purging at the same time. During retching, cold sweat; constant shivering; constant bitter taste—even the saliva is bitter. *Pulsatilla* (high potency) cured.

(5.) *Nitric acid*.—Great constipation; piles, with bearing down on standing; bread disagrees. *Nitric acid*<sup>mm</sup> (Fincke) cured "like magic."

(6.) *Sepia*.—Dull, aching pain all round body and feeling of something hard boring through liver; spasms in liver, which catch the breath; fullness and bursting, relieved by urination. *Sepia*<sup>cm</sup> (Fincke) cured.

(7.) *Aurum*.—May 23d, 1881. Dragging aching at back of eyes on reading, sewing, or writing—relieved by closing eyes; constant smarting in eyes; lachrymation; lids red with itching; threatening of styes. *Aurum*<sup>cm</sup> (Fincke).

June 3d. Much improved till this morning. Now there is smarting like salt in right eye; streaming of acrid water from right eye and right nostril, excoriating cheek; photophobia;



redness of right eye; bright spots before eyes by gaslight; feeling of squinting inward after removing spectacles; pain in eyes better by blowing nose. A repetition of *Aurum*<sup>cm</sup> (Fincke) cured. This verifies Hering's *Guiding Symptoms*.

(8.) *Lachesis*.—For six weeks, on left calf, a hard red patch with scabs on it; it is tender and discharges a thin, slightly yellow fluid from under the scabs; it itches, especially in cold weather. In the right popliteal space is a similar appearance, but not so bad, and of more recent occurrence. One dose of *Lachesis*<sup>cm</sup> (F. C.) cured. The right leg was the first to get well, in accordance with the law of *Inverse Directions*.

(9.) *Chamomilla*.—Miss S. informs me that she has cured in herself bitter taste in mouth—removed by washing mouth out, on bitter vomiting, with a high potency of *Chamomilla*.

(10.) *Chelidonium*.—Mr. C. took *Chelidonium majus*<sup>200</sup> three times a day for some eye symptoms. It improved the old symptoms, but caused pain, as from an insect in left eye, at times throughout the day, with constant *profuse* lachrymation. Two days after leaving it off the pain ceased and the lachrymation subsided to its former extent.

(11.) *Phosphorus*.—During stool, shooting pain, commencing in rectum and going up spine to occiput very often, for three or four years, in an old lady of sixty-three. *Phosphorus*<sup>mm</sup> (Fincke) cured in two doses.

(12.) *Calcærea*.—For two months a hard lump in left upper eyelid, preventing the full opening of the eye; it has been increasing for the last two or three weeks; for about a week, aching in the lump on looking long at anything. For a month, *feet feel as if she had damp stockings on*. For a week, back of hands cold to touch and numb. One dose of *Calcærea carb.*<sup>10mm</sup> (Swan) cured. The aching ceased before the lump disappeared.

(13.) *Sulphur*.—The same patient; enlarged vein in right calf, noticed for last six days, with aching, tingling, and burning in it. One dose of *Sulphur*<sup>cm</sup> (F. C.) cured it without the use of any mechanical aid.

(14.) *Medorrhinum*.—Mr. J. reports that when he had gonorrhœa last year he felt better in health than before, less constipated and free from indigestion. (Compare provings of *Medorrhinum*.)

(15.) *Lycopod*.—Miss H. took several doses of *Lycopod*<sup>cm</sup> (Fincke) for some chronic symptoms. It caused shooting pains in chest, darting from one part of chest to another, worse on deep inspiration.

(16.) *Sulphur*.—Miss S., æt. about forty. Had pleurisy at age of twenty-two. Ever since then has been subject to the



following symptoms: Pain in left lower thorax, back and front, as if something fell forward, on turning over on to right side when lying; if she continues to lie on right side it feels as if it pressed against front lower chest; if she still continues in that position there is also heat in the part affected; the pressure causes dyspnœa when lying on right side. It has been bad for last six months. Nothing has relieved it, not even *Sulphur*<sup>2m</sup> (Jenichen) and cm (Fincke) which I had given her for other symptoms, not knowing of these. On September 12th, 1874, I gave her one dose of *Sulphur*<sup>mm</sup> (Bœrieke) at 9 p. m. The same evening she improved. When I came next morning she had the following new symptoms: Great feeling of weakness, as after a severe illness; dreamed that she was dying, that all was getting dark, and that she called out in a great fright; then she awoke, feeling weaker and worse than before; the weakness lasted badly an hour or two, and she felt more or less weak all day.

October 13th. The pain in chest has steadily improved, with one very severe aggravation, and yesterday, for the first time in her life, it was quite gone.

Subsequently the symptoms returned, and she took Swan's 10mm, and afterward 20mm (both made with a continuous stream of water from first to last). The 10mm, she said, did more good than the mm, and the 20mm the most good of all. Once *Sulphur*<sup>20mm</sup> relieved greatly, after an aggravation, when the mm had failed to act. She required a repetition of the medicine from time to time, but at length recovered so far that she never complained of the pains.

(17.) *Tabacum*.—Mr. Thomas D., August 23d, 1878. Yesterday, about 11 A. M., dim sight; could only see the last letter when writing; this lasted forty-five minutes; as it went off numbness of tongue ensued, especially at the back part, also numbness of hands, worse in fingers; this lasted two hours, going off gradually; after numbness had gone there was a tingling pain in forehead as after a severe slap there, worse from noise; this has lasted till the present time. This morning there is shooting headache from over left eye backward half way to occiput; tongue trembles when protruded. Has had several attacks in the last fifteen years. He began to smoke tobacco at age of ten. When he used to smoke much he had attacks every two or three months; then he ceased almost entirely; the attacks ceased also. Has smoked more lately, and the attacks have returned, though they had been absent four years. There has been no worry or excessive heat to account

for this attack. I gave him one dose of *Tabacum*<sup>10m</sup> (Fincke). Next day had a new symptom, numbness of right calf, that recurred at intervals for several days. No further report.

(18.) *Lycopodium*.—Cutting pains from left scapula to chest, catching the breath; feels very ill and exhausted, with intolerable thirst at 4 P. M.; one dose of *Lycopod.*<sup>43m</sup> (Fincke) cured.

(19.) *Sulphur*.—For four days swelling and redness of inner side of right foot and right inner malleolus; the part is very tender, as is also right outer malleolus; sharp darting pain from right inner malleolus, going up to knee, and down along instep toward toes; worse by standing on it with foot flat; can stand a little on the toes. One dose of *Sulphur*<sup>mm</sup> (F. C.) cured promptly.

(20.) *Calcarea*.—Miss G., æt. fifty, took repeated doses of *Calcar. carb.*<sup>3cm</sup> (Swan) for some chronic symptoms; it produced the following new symptoms, which ceased after leaving off the medicine: burning feeling in soles, which were not hot to touch, with feeling of swelling there, preventing sleep.

(21.) *Eucalyptus*.—Tightness across bridge of nose on first lying down in bed was cured by *Eucalyptus*<sup>3j</sup>.

(22.) *Thea*.—Mr. N., æt. fifty, reports that tea causes in him trembling of whole body, voice trembles when singing, and a slight imperfection in articulation when speaking, a sort of nervous stuttering; also diarrhœa preceded by griping.

(23.) *Pulsatilla*.—Mrs. D., mother of several children, and nearly four years past the change of life, took a high potency of *Pulsatilla* for some chronic symptoms; it produced the following new symptoms: Feeling as if the milk were running into breasts, which feel distended. This patient was re-vaccinated eighteen years ago and was very ill after it, with abscesses extending down to elbow.

(24.) *Arsenicum*.—Mr. H. V. D., æt. twenty-one, took several doses of a high potency of *Arsenicum* for symptoms of phthisis. It caused the following: Involuntary urinations waking him at 3 A. M. precisely; he had drunk but little, and had never had nocturnal emissions since childhood.

(25.) *Thea*.—Miss I. reports that a cup of tea, which she had not taken for years, brought on urticaria.

(26.) *Aloes*.—Mrs. S., æt. sixty-three, had pains in rectum, worse when walking; once the solid stool dropped out involuntarily. *Aloes*<sup>cm</sup> (Fincke) cured.

(27.) *Vaccination*.—Mr. J. was re-vaccinated ten years ago and had a very bad arm; since then has been much more free from gout.

(28.) *Phosphorus*.—Miss ——— took several doses of *Phosph.*<sup>cm</sup>

(Fincke) for neuralgia of the right side of face ; after taking it, when the paroxysms came on, the right side of mouth filled with *cold saliva*, which was not the case before. (Compare Boenninghausen's *Repertory*.)

(29.) *Pulsatilla*.—November 23d, 1883, Mrs. B. had cough with expectoration after rising in morning ; cough causes involuntary urination, and retching sometimes to vomiting; *the retching causes pains across sacral regions*. One dose of *Pulsatilla*<sup>cm</sup> (F. C.) cured.

## INVOLUNTARY STOOLS—PHOSPHORUS.

PROF. J. T. KENT, A. M., M. D., ST. LOUIS.

A lad eight years of age had been treated allopathically for five years, without any benefit, for losing his urine and stools in his pants. His mother informs me that she has often whipped him, thinking that he could prevent it. When she would go for the whip he would seem to be worse, and immediately soil himself from the fright. The stool passes without any warning, or it comes on too soon for him to accommodate himself. It seldom occurs at night or in the forenoon, but in the afternoon he passes several stools and always passes urine with stools. He takes cold easily, and when he gets a cold he has a high fever and delirium, and sometimes becomes croupy. The color of the stool is brown and the smell is very offensive. Urine stains the linen dark brown and has a strong smell. For the choice of remedy :

Involuntary stools and urine—Acon., Ars., *Bell.*, Bry., Calc., Camph., Carbo v., China, Cina, Colch., Con., Dig., *Hyos.*, *Laur.*, Mosch., Mur-rac *Nat. m.*, *Phos.*, Phos. acid, Puls., Rhus, Secale, Sulph., Verat.

The afternoon aggravation is characteristic of *Bell.*

Every time the child takes cold he has a high fever, and delirium is also characteristic of *Bell.* The general features of the case being covered by *Bell.*, it was given two powders 4<sup>m</sup>, with instructions to watch and make a fuller report of his symptoms.

One month after taking the medicine, the mother writes :

"My son is very much better, but not entirely cured. He has had only two involuntary stools since taking the medicine, both between 12 M. and 4 P. M. He urinates involuntarily two and three times every afternoon, between 2 and 5. Never in the morning or in the night. He says he has not the



slightest desire until he begins to pass stool, and then he cannot control himself. When he does feel an inclination he cannot control himself, but is obliged to go at once. His urine stains his clothes a reddish brown and is very offensive. He says when he has an involuntary stool he has a pain start from the base of the spinal column and run up his back to the brain, in the top of his head, and remain there for an hour. He almost always urinates with his stools, and only has the above pain when the stool alone occurs."

The peculiar pain running up the back is a symptom characteristic of Phos., and as that is the most peculiar symptom it was taken as the guiding symptom of the case. (See *Gregg's Illustrated Repertory*.) "*Darting pains, during stool, from the os coccygis through the spine as far as the vertex, the head being drawn backward by it,*" page 77, plate 5. Phos. also has paralysis of the sphincter ani. (Bell., Gels., Hyos., Graph., and others.) Phos. has a brown stool, and it is offensive. It has also aggravation from excitement and fright. Looking over the first symptoms, it will be seen that Phos. also has the very prominent symptoms with many others, the involuntary stool and urine. The child takes cold easily, and it settles in the respiratory apparatus, which also strengthens the choice. The P. M. agg. I cannot find under Phos., but so small a condition cannot contraindicate the remedy, in view of the fact that none of the other remedies correspond to the peculiar symptoms so well as Phos. Phos. 5m., one dose at night, cured the case promptly.

## CASES FROM MY NOTE-BOOK.

JULIUS SCHMITT, M. D., ROCHESTER, N. Y.

CASE I. February 6th, 1883.—Mr. John H., forty-eight years old, very robust, weighs two hundred and fifty pounds with a height of five feet nine inches. Rheumatic swelling of left wrist and left big toe, bluish red, with pains, which he describes as if somebody sawed at his bones with a dull saw; ameliorated by heat of stove; *worse from sundown until sunrise*; no appetite. This condition has lasted for the last two weeks. Syphilinum<sup>mm</sup> (Swan) once a day, to be taken in the morning.

February 9th, 1883.—Slept the first night after taking one dose and took no more medicine, swelling disappearing gradually.

May 19th, 1884.—Got well in the course of two weeks and has had no repetition of rheumatism since.



CASE II. January 7th, 1884.—Martha K., nine years old, blonde, sick since last night, when she had a severe chill followed by heat. Status-praesens. Stitches in right lung from before backward and to right axilla, sometimes going to left lung. *Cannot lie on right side*; better on left side. Short hacking cough, during which mother *must hold right side of chest with hand. Cries before the cough.* During the night she had been delirious, and when mother lifted her out of bed on the commode, she cried anxiously, "*Don't let me fall.*" Shortly before this attack, she had a sore mouth. Pulse, 144. Auscultation showed crepitant rales on right lower lung. Borax<sup>cm</sup> one dose dry on tongue. Placebo in water.

January 8th, 1884.—Was very sick for two hours after I gave her the dry powder; perspiration broke out all over and run in streams from the face and she complained of pains all over, even in arms and legs. Last night, however, she grew better and could lie on right side. To-day hardly any pains. Pulse, 96. Sits up in bed with a smiling face. Lungs entirely free from congestion. Placebo.

May 19th, 1884.—Recovered rapidly without any more medicine, and has not been sick since.

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### A PECULIAR CASE OF NYMPHOMANIA.\*

E. W. BERRIDGE, M. D., LONDON.

December 29th, 1881, Mrs. —, æt. forty-one, consulted me for the following condition: Since childhood, as long as she can remember (and she can remember back to the age of three), any annoyance or hurry will bring on intense sexual pleasure, extending from sexual organs all over body. This will never culminate of itself, except during sleep; but she has to complete the orgasm by moving violently about as she sits on a chair. If she does not thus voluntarily terminate it, the desire will last off and on the whole day, passing off during sleep. It passes off with discharge from vagina, as in coition. When it occurs during sleep it usually wakes her. The excitement during sleep is always caused by dreams of hurry and annoyance.

She was married at age of twenty-one and left a widow at age of twenty-eight. Has had no children, but has had three miscarriages—one at third month and two at seventh week. She never had any sexual pleasure, unless very slightly, during

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\* Read before the I. H. A. June, 1884.

coition; never had any natural sexual desire for men; but this abnormal excitement continued during her married life and ever since without varying much. Menses appeared at age of seventeen—never regular—either too soon or too late. Menopause not yet arrived; great dysmenorrhœa before marriage—less since; menses scanty—*never* more than three days in duration—dark, *always* clotted, generally at intervals of twenty-four days—sometimes of five weeks. At age of eighteen or nineteen had weak spine; could walk easily, but could not rise from the recumbent posture without help. She was treated by a professed homœopathic physician, who ordered cold hip-baths for twenty minutes each day in addition to medicinal treatment. She recovered slowly, being ill for months. After the spinal illness her sight failed, continuing bad ever since, though she has consulted many allopaths and pseudo-homœopaths in vain. For from two to four years she was able to restrain herself from the completion of the orgasm, except during sleep, till one day last summer she failed to do so, after which occurrence she felt a sharp prick like a pin in left eye, and at times since; the sight has been worse since then. The sight is now dim, as from a haze, especially in left eye; left pupil does not react well to light. Since the spinal disease the right eye has turned in, especially noticeable if she is excited, worried, or tired. Two years ago she had fetid leucorrhœa, which a professed homœopath suppressed with a medicated injection. For some months has had occasionally a violent pain just within anus, nearer the left side than the right, followed, as the pain abated, by a feeling of dying, accompanied by ghastly appearance of face. The pain lasts about ten minutes. Constipated all her life; no stool for a week unless she takes a purgative, and then the stools are too large and hard, passing with great straining pains, as if anus were being torn open. An enema brings nothing away. Has taken *Tamar Indien* for months. At times she has been quite free from constipation, but it has been much worse for the last six months. Is excessively fond of little children.

The sexual symptoms so much resembled those described in Fineke's proving of *Lachesis*, recorded in *Hahnemannian Monthly*, Vol. I, but omitted in Allen's *Encyclopædia*, that I decided on that remedy, and gave her a daily dose, for seven days, of *Lachesis*<sup>cm</sup> (F. C.).

Jan. 13th, 1882.—Reports that she has only taken five doses of *Lachesis*. She took it regularly for the first three days, then, finding that the bowels did not act and that giddiness came on, as it always does when constipated, she took a dose of *Tamar*

*Indien*, then after a day's interval took two more doses of *Lachesis*, since which time she has left it off and taken a daily dose of *Tamar Indien*, but still remains constipated. The sexual excitement is certainly better. It has only occurred once, and that was during sleep on January 1st, and it did not wake her. Previously had had heaviness of head, which this relieved. Her external conditions have remained unchanged. Menses have returned without any special pain, rather dark, but no clots; sight and eyes unchanged.

As the *Lachesis*—which seemed fairly indicated by the rectal symptoms and strongly indicated by the sexual symptoms—had failed to relieve the constipation, I concluded that there was some opposing cause to be found in her mode of living. On inquiry, I found that she drank much strong tea and took scarcely any exercise. I gave no more medicine, but ordered her to take more exercise, less tea, and to substitute for it the *Pure Solidified Cocoa*.\*

Jan. 25th.—Has taken the Cocoa once daily, except yesterday; less tea and more exercise. Constipation has not returned and she has taken no more purgatives; no return of sexual excitement; the occasional violent pains just within anus have not returned since first consultation; sight a little clearer, pupil acts better; right eye still turns in.

Feb. 1st.—No more constipation; sight about the same; very slight sexual symptoms three times since last visit.

Feb. 10th.—No constipation; has only twice had the sexual excitement, and then very slightly so—even slighter than before; no more pricking in eye; sight a little better.

May 5th.—Reports that about the early part of March she had the sexual excitement in sleep for three consecutive nights—the first night three times, the others only once; has not had any to speak of at any other time; soon afterward the sight of left eye began to get worse again; once since her last consultation worry seemed to bring on the constipation, for which she took a dose of *Tamar Indien*, but has had no constipation at any other time; eyes have remained otherwise unchanged; feels generally well and much stronger, though she has been much troubled about the serious illness of a relative.

As the action of the medicine now seemed quite exhausted, I gave her *Lachesis*<sup>5mm</sup> (Fincke) every other day for fourteen days.

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\* NOTE.—The only preparation with which I am acquainted which is both perfectly pure and contains all the nutritive ingredients of the Cocoa. Sold by Alfred Heath & Co., 114 Ebury St., S. W.



May 21st.—Reports sight some improved, and for the last three or four days there has been a still further improvement; the sexual symptoms scarcely trouble her at all.

Sept. 26th.—Reports that her relative died at end of May, and ever since has had at times feeling as if she were going to die, but without faintness; it begins in epigastrium and spreads all over her, lasting from a few minutes to an hour, followed by weakness for the rest of the day. During the attack looks ghastly; the attacks occur from two or three times a week to once a fortnight; has very seldom had any sexual excitement since last consultation, and never to any uncontrollable degree. Since the loss of her relative she has again been troubled with constipation. I ordered her to resume the Cocoa, which she had omitted for some time, and to take more exercise. I also prescribed *Phosphorus*<sup>cm</sup> (F. C.) every other day for fourteen days.

Jan. 12th, 1883.—Wrote to say that the medicine had been “quite successful.”

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## PROVINGS OF LAC CANINUM.

E. W. BERRIDGE, M. D., LONDON.

I. Dr. Arabella K., æt. twenty-four, dissolved two globules of *Lac caninum*<sup>cm</sup> (Fincke) in water and took a spoonful every half hour. I gave her this medicine to convince her of the power of high potencies to produce morbid conditions. Almost immediately after the first teaspoonful she had a dull, aching pain in right eyeball, accompanied by a feeling of dryness and discomfort, with tendency to lachrymation. The left eye was not affected. She continued the frequent doses, but no further effect was noticed.

II. June 4th, 1884, I gave Mrs. B., æt. twenty-nine, for dysmenorrhœa, *Lac caninum*<sup>cm</sup> (Fincke), a dose twice a day for fourteen days. It caused decided improvement, but was said to have caused toothache.

On inquiring for particulars, the following symptoms were sent to me August 6th: “It came on very soon after commencing the medicine. The pain used to come on quite suddenly at about 10.30 P. M. every night. If not before I went to bed, it would begin almost immediately on lying down or getting warm in bed, so that I was obliged to jump up and often walk about the room. The pain seemed to begin in a very much decayed right lower double tooth, but after a while *all* the teeth on right



side would ache. It was relieved by the application of cold water or a dose of *Chamomilla*, which would often quiet it immediately. It continued for quite a month, coming on each night, and the teeth often feel tender and as if they were too long or too large still. It was often daylight before I could get any sleep at all. The pain was not very bad; it was a dull, gnawing sensation, as of a worm gnawing at the teeth—just enough to keep me wide awake. I have had the same kind of pain in face and teeth from over-fatigue or much worry, but never at a stated hour or lasting so many hours at a time, nor so many days in succession. It came on at the same time whether I had my last meal early or late or went without it. If I went to bed earlier and fell asleep, it would wake me up when the hour arrived.”

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### RESEMBLING ACUTE BRIGHT'S DISEASE.

Child of C. N., a sprightly little girl two years old: Symptoms, yellowish white discharge from left ear, profuse lacrymation from right eye, and some white, clear mucus flowing over the eye-lid and cheek that seemed to be blood. The under lid of right eye appeared like a water-bag, and the whole face was puffed and rather transparent; the right was much the worse of the two. The child looked sickly and cried much. The mother stated that it had not been well for several weeks. While thinking over *Apis* and *Ars.* I began to look for agg. by warmth, etc., when I was informed that the child could not endure any covering, and she was absolutely thirstless, which excluded Arsenic from further consideration. The mother believed the urine to be scanty but she was not certain, but says she, “Her water smells strong, like that of a horse.” Nit-ac.<sup>1200</sup> (Jenichen), and we soon cured the case, ear discharge and all, in the surprisingly short time of a few days.

This was not a case of *acute Bright's disease* following scarlet fever, but much like it. Every physician living in this malarial climate must have observed the same anasarca and otorrhœa following malarial attacks, home-treated or neglected. The drop-sical condition follows all kinds of malarial attacks, and particularly this ear complication, associated with kidney disease. But will some astute pathologist inform me why nitric acid cured this case so promptly if on other grounds than that it was the *simillimum*? These cases all die when not properly treated! They all recover promptly on a few doses of the appropriate remedy.—J. T. KENT.

## BOOK NOTICES.

THE KNOWLEDGE OF THE PHYSICIAN. By Richard Hughes, M. D. Boston : Otis Clapp & Son. 1884.

During his recent visit to America Dr. Hughes delivered a course of lectures at the Boston University School of Medicine. These are now given to the public in book form by Messrs. Clapp & Son.

All of our readers who are acquainted with the writings of Dr. Hughes remember most agreeably his charming style, and perhaps equally forcibly regret that he teaches such poor Homœopathy.

The following topics are treated of : The Knowledge of Life ; The Knowledge of Health ; The Knowledge of Disease ; The Knowledge of Medicines ; Pyrexia and Anti-Pyretics ; Rheumatism and the Anti-Rheumatics ; Cerebral Localization and Drug Action ; The Future of Pharmacodynamics. These headings show the nature and extent of the lectures. We need only add that the subjects are considered after the well-known peculiar ideas of the lecturer. About the only text-book of Therapeutics the lecturer appears to admire is one on *Pharmacodynamics*, by a certain Richard Hughes, M. D. ; all else is chaff!!

AMERICAN MEDICINAL PLANTS: An Illustrative and Descriptive Guide, etc. By C. F. Millspaugh, M. D. First fascicle. Boericke & Tafel : New York and Philadelphia.

We can thoroughly congratulate Dr. Millspaugh on the beautiful and accurate plates he has given of these plants. Nothing more life-like can be found, and the accompanying descriptive text is brief and accurate, the whole making a work which all should possess and be proud of.

The work is to be issued in fascicles of five parts, each containing *thirty* plates, at five dollars per fascicle. The publishers hope to complete the work in two years : *now* is the time to subscribe.

THE CARE AND FEEDING OF INFANTS.

Such is the title of an interesting and useful little book, distributed *gratis* by the manufacturers of Mellin's Food. Of course, only the virtues of this food are lauded in the pamphlet, but all knowledge is useful, and this especially so, as many able physicians give this preparation a high place in their dietetic armamentarium. Dr. Eustace Smith, of London (Physician to the Children's Hospital, and author of *Wasting Diseases of Infants and Children*), says : Mellin's Food is by far the best of any with which I am acquainted. It seems to agree equally well with children whether they are healthy or diseased."

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## NOTES AND NOTICES.

REMOVAL.—The office of this journal has been changed to 129 South Thirteenth Street.

ERRATA.—In Dr. Wells' articles the following errata occur : Page 109, 20th line, for *part* read *fact* ; page 235, 22d line, for *part* read *fact*.

**MEDICAL HISTORY OF THE SURVIVORS OF THE GREELY EXPEDITION** is very interestingly told by Surgeon E. H. Green, in *Medical News*, of September 6th, 1884.

**GRANT & WARD OUTDONE.**—If some of our backward subscribers do not promptly mail us the funds *due us* there will ere long be a financial cyclone in this office!

**ANN ARBOR.**—Professor A. C. Cowperthwaite, of Iowa, has been elected to the chair of therapeutics in the Homœopathic Department at Ann Arbor, in place of Dr. H. C. Allen, resigned. A good selection.

**AN ANNUAL OCCURRENCE.**—"The meeting (of the Institute) just closed was in its social aspect a marked success, but was sadly wanting, as we have intimated, in practical results."—*T. M. S. in N. Y. Med. Times.*

**A GENIUS TO FAIL.**—Speaking of the causes of failure in life, Tourgee says: "Trying to carry too big a load. I don't know about a professional man's failing if he works, keeps sober, and sleeps at home. Lawyers, ministers, and doctors live on the sins of the people, and, of course, grow fat under reasonable exertion, unless competition is too great. It requires real genius to fail in either of these walks of life."

**A NUTRITIOUS AND CONCENTRATED FOOD.**—Prof. John Attfield (of London) writes: "Beef peptonoids is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly seventy per cent. of purely nutritive nitrogenous material, has never before, to my knowledge, been offered to the medical profession or to the public."

CHICAGO, July 2d, '84.

**DEAR DOCTOR:**—I have just finished reading the July H. P., and though it is midnight, I yield to a desire to thank you, and through you every contributor to the number. It is a mine of practical gems, every one of which is of the purest water. Who can read them without rejoicing that Hahnemann lived!

Fraternally,

E. A. BALLARD.

**A SENSIBLE SUGGESTION.**—Materia medica and therapeutics being the special objects of our Institute—although they are two subjects but lightly touched on at our present gatherings—we would have the bureaux of materia medica and clinical medicine report each year, making an equal division of the remaining bureaux to report each alternate year. By clinical medicine we mean all that the words imply, and not a report simply on the practice of medicine. There is no reason why the bureaux of anatomy, pharmacology, microscopy, etc., need to report every year on account of any marked advancement during that year in these particular branches. We would limit the number of papers and the time so that ample opportunity might be given for discussions. We think a plan modeled somewhat on the above principle would bring out practical results.—*M. S. in N. Y. Med. Times.*

THE

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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## POTENTIATION A CONSEQUENCE OF THE LAW OF SIMILIA, AND VICE VERSA, FROM THE HAHNEMANNIAN STANDPOINT.

B. FINCKE, M. D., BROOKLYN, N. Y.

Hahnemann says (*Organon*, 5th ed., sec. 10): “The material organism without a vital force is not capable of any sensation, of any activity, of any self-preservation, only the immaterial essence which vivifies the material organism in the healthy and sick state (the vital force) imparts to it all sensation and actuates its vital functions.”

This is the fundamental proposition which must be accepted by every homœopathician if he means to find any sense in Homœopathy at all. If he cannot accept it on account of the general rejection of a vital force at the hands of the modern physicians, he must try to free himself from the tenets of a school which, essentially, has nothing to do with the science and art of healing. Their limited conception of force may be sufficient for physics and chemistry and their practical purposes, but it falls short of the requirements of the science which we cultivate in order to cure our patients *cito, tuto et jucunde*.

From this acceptance of the vital force follows necessarily the conception of disease expressed in sec. 12: “Only the morbidly distuned vital force brings forth the diseases.”

Hence diseases are not recognized but as (sec. 6) “changes of the state of mind and body noticeable externally by the senses as symptoms, deviations from the previously healthy state of the



patient which he himself feels, which the bystanders and the physicians observe upon him. All these observable signs represent the disease in its whole compass."

For this reason (sec. 17) "the healing artist has only to take away the whole complex of the symptoms in order to remove and annihilate at the same time the inner change, *i. e.*, the morbid distunement of the vital force, therefore the totality of the disease—the disease itself—after which health is restored."

This is done (sec. 25) "by remedies which in their action upon the healthy human organism have been proved to be able to produce the greatest number of similar symptoms in properly potentiated and lessened doses."

This rests (sec. 26) upon the homœopathic general law, "that a weaker dynamic affection in the living organism is extinguished permanently by a stronger one, if this (different in kind) is very similar to it in its utterance."

The probable scientific reason for this law, which is demonstrated and verified in every case of healing, is (sec. 28) in that "when the homœopathic remedy is given, a somewhat stronger artificial disease is created in the diseased organism by the positive action rendering the opposite natural disease negative and extinguishing it. This substitution of the artificial to the natural disease, by which it is superseded, rouses the energy of the vital force to overcome the superior strength of the remedy," which, being a mere potency without substance behind it, and only stronger than the disease by a Least Plus (Maupertuis' least action, *Fincke's Least Plus, High Potencies and Homœopathies*, pp. 18, 129), vanishes in these efforts, and the vital force returns to its equilibrium of health without further than the normal functional oscillations. This explanation is so forcible that Trousseau and Schoenlein, two of the greatest physicians who ever lived, accepted it under the name, "Substitutive method of Medicine." But Homœopathy is more.

It is impossible to escape the consequences flowing from these ideas of Hahnemann, which now for seventy-five years have guided his true followers, who in a large practice of so many years found them correct up to the present day.

The fact that cures are also effected by crude medicines and large doses and by various agents and methods standing in the signification of remedies is undeniable, but has nothing to do with the Hahnemannian doctrine of Homœopathy even if the remedy should be homœopathic to the case. They have a different *modus operandi* and do not act like the properly potentiated homœopathic remedy. This question, however, requires a treatment of its own, which is not the object of this paper.

If the remedy in too large a dose overpowers the system in virtue of its homœopathicity to such a degree that its action is not disappearing in the efforts of the vital force to restore the equilibrium, there must result a serious aggravation which jeopardizes the cure by removing the oscillations to farther limits, and the danger is in the weakening of the vital force, which cannot quick enough regain the lost normal equilibrium. Still worse it is if the large dose is not homœopathic to the case. Then the disease present is increased by the totality of the symptoms produced by the allopathic remedy and no recovery is likely to ensue.

This is the reason why Hahnemann, with perfect insight into the nature of the healing process, has, in his later life, after a long and varied experience, insisted upon the doctrine that "in every case whatever a dose should be given which, in the proper way, has been potentiated according to a method growing out of the necessities of homœopathic practice, so that no chemical and physical test can find the least particle of atom of matter in it." (*Kleine Schriften*, Vol. II, p. 199.) Why there should be in this appropriate homœopathic medicine still the power or potency to cure, is a question which requires an investigation of its own, and cannot here be entered upon.

The point to be shown here is, that the remedy to be used by the homœopathician for the purpose of cure should always be potentiated at least to such a degree that no matter can be found in it.

This has been shown to be at about the tenth centesimal potency. I have made the spectroscopic test without telescope, and found the limit at the ninth centesimal. Probably with proper microscopical arrangements the limit might be a little further off, but will fall short of the thirtieth centesimal, which Hahnemann in his time recommended as the standard potency. The neurological test by Jaeger's and Fineke's method carries us much higher, nay, with the electro-neurometer any potency may be shown to act upon a suitable person within a few minutes. This, however, is not a physical, but a physiological test, and shows the correctness of Hahnemann's explanation of a fact which has been rejected by the physicists, who cannot see force in anything that is not matter or not connected with matter. But if they would reflect only for a moment and be just, they would have to admit that the potency is actually carried by matter, viz.: the inert vehicle, and that the vital force is actually supported by the nerve-system as the vehicle of its action upon the whole organism. But for that matter it does

not follow that the potency contained in a vial and the vital force contained in the body should be matter. This is the vital, spirit-like principle which animates the otherwise inert matter, gives it its quality and property, which it again renders in potentiation.

It is therefore by no means in the option of the homœopathician to select a large or a small dose according to his whim, as he may feel inclined or be biased, but he must, owing to the nature of the homœopathic principle, always use a remedy with no body to it except the inert vehicle, that is, a potency, if he means to make a clean and perfect cure without drawbacks of any kind. This question of the dose, at which so many have unnecessarily excited themselves waiting for its solution, as the Jews for the Messiah, has been closed by Hahnemann long ago, when he wrote his *Organon*, fortieth edition, in 1829, and published his *Chronic Diseases*, 1828-1829, being at that time seventy-four years old.

It is another question : Which is the appropriate potency in each given case? This, of course, will ever be open, and will have to be solved by the physician in attendance.

Now perhaps it might be said, this is all very well, but it is only a deduction from the vital principle, which is not acknowledged by the scholars of the present day, who will accept nothing but what is established beyond any doubt by induction. Therefore, if Homœopathy stands upon the vital principle alone, it of right has no status in the present scientific world, and that is the reason why our adversaries will do no more than pick out the gold nuggets which the patient and long-enduring Homœopathy has brought up from the darkness of human understanding, appropriating them without giving credit where credit is due.

This apparently formidable rejection need not be appalling to the homœopathician. For he knows that before Hahnemann laid down his thoughts on the healing process he had gone through that stage of induction claimed above, which led him to pronounce distinctly the principle from which Homœopathy flows like a river from its fountain head. The elements of this induction, as there is no better one for the exact natural sciences, are found also in the *Organon* from which the above elements of deduction have been quoted.

It has not been sufficiently acknowledged by the scientific body at large that Hahnemann created homœopathics as a complete science of medicine resting upon the sure foundation of induction and deduction. His induction has been accepted as

empirical science of therapeutics (Dunham), and as such has done immense service by its practical application and by its influence on the allopathic school. His deduction has been laid by as peculiar to the old man, as theories which might be discarded *ad libitum*, little heeding that there is no science which subsists upon induction alone, this being only the necessary understructure of the building. Says Mill (*Logic*, p. 286): "A revolution is peaceably and progressively effecting itself in philosophy, the reverse of that to which Bacon has attached his name. That great man changed the method of the sciences from deductive to experimental, but it is now rapidly reverting from experimental to deductive. Deduction is the great scientific work of the present and future ages."

Half a century before this was written Hahnemann gave his science complete to the world, just as Minerva came all armed and grown up from Jupiter's brain. By careful induction from well-observed facts, he arrived at the principle of Homœopathy, from which inversely the laws for the facts of induction were deduced, and his deductions find their verifications in the daily practice of homœopaths with high potencies.

Let us now proceed to his induction as the verification of his deduction given above.

Hahnemann, after an experience of forty-three years, and a Hahnemannian experience at that, declares (sec. 279) that "the dose of the homœopathically selected remedy can never be prepared so small that it should not be still stronger than the natural disease, and potent enough to at least in part overcome, extinguish, and cure it as long as it is able to, immediately after the administration, cause some, though slight, preponderance of its symptoms over the disease similar to it."

He himself has proved the thirtieth centesimal potency upon the healthy, and the result of his provings is laid down in his four volumes of *Chronic Diseases*, which is only a continuation of his *Materia Medica Pura* in six volumes. Hahnemann continues (sec. 128): "Thus we now explore in the best manner even the substances deemed to be weak with regard to their medicinal power, if we let the prover take daily four to six pellets of the thirtieth (centesimal) potentiated attenuation of such a substance moistened with a little water, and continue this for several days."

So this may be put down as an element of induction, that he has actually proved the thirtieth centesimal potency upon the healthy in numerous instances, and found them producing symptoms of disease available for the cure of similar ailments.



Since then the potentiation of medicinal substances has been carried higher and higher, so that what has been predicated by Hahnemann in regard to the thirtieth centesimal holds equally true with regard to the five millionth centesimal, of which an undoubted proving has been given by Dr. Buchmann, see HOMŒOPATHIC PHYSICIAN, Vol. III, p. 260. And since writing this, a new proving of Lachesis 6M by the same observer has come to hand, so that the reliable scale of potentiation extends now to the six millionth centesimal potency.

The next element of induction is in the application of the proper homœopathic remedy upon the sick (sec. 148). "A remedy thus selected, which has the power and tendency to excite the symptoms most possibly similar to the disease to be cured, therefore a similar artificial disease, in its dynamical action upon the morbidly distuned vital force of man seizes in proper dose just those parts and points in the organism hitherto suffering from the natural disease, and excites in them their own artificial disease, which then, chiefly on account of the great similitude and surpassing strength, steps in the place of the so far natural distunement of disease, so that the instinctive automatic vital force from this moment suffers no more from the natural but from the stronger similar medicine-disease which then again, on account of the small dose of the remedy like every moderate medicine-disease, conquered by the heightened energy of the vital force, soon vanishes by itself, and leaves the body free from all disease, *i. e.*, sound and permanently healthy." (Compare sec. 28).

(Sec. 275.) "The adaptedness of a medicine to a given state of disease depends not alone upon its striking homœopathic selection, but just as well upon the requisite correct magnitude, or rather minuteness, of its dose."

(Sec. 281.) "Every patient, particularly in point of his disease, is incredibly liable to be affected by the medicinally powerful potencies proportionate by the similitude of action; and there is no man, be he ever so robust, even when afflicted with a chronic or so-called local disease, who would not soon feel the most desired improvement in the suffering part after having taken the helpful homœopathically adapted medicine in the smallest dose to be thought of; who, in one word, should no more be affected in his system than the nursling only one day old is changed by it. How insignificant and ridiculous, therefore, is this theoretical unbelief against these never-failing, unerring proofs of experience."

No more need be said to point out the facts upon which these

sections from the *Organon* are based. They are before the world in the innumerable cures which the homœopaths have performed by those Hahnemannian potencies; and it is the most prominent and gifted of our profession who have given and give yet their unqualified testimony in favor of the highly potentiated dose of the drug.

Dr. P. P. Wells, in his address, "Philosophy of Medicine" (*HOMŒOPATHIC PHYSICIAN*, Vol. I, p. 281), says: "The claim to our acceptance of the dynamized dose in our practical duties rests, then, wholly on the testimony of those who have tried it, and who know the truth of what they affirm. The history of the dynamized dose, as contained in the testimony of these witnesses, declares its superior curative power as compared with doses of crude drugs. It should be borne in mind, when considering the statements of those witnesses, that most of them are the more competent to give us testimony worthy of our regard for the reason that they have practically tried both kinds, and have found greater curing power in that which is dynamized."

This declaration of the superior power of potentiated medicine by this trustworthy authority could not have been made without having the sure foundation of "pure experiments, careful observation, and correct experience" (*Organon*, sec. 278), which is to be found in our literature and confirmed daily and hourly in the practice of every homœopathician. The Hahnemannian postulat-um of the necessity of potentiation of the remedy has been verified for potencies as high as five million centesimally in two cases related by Dr. P. P. Wells in his article, "Routine Practice." (See *HOMŒOPATHIC PHYSICIAN*, Vol. III, pp. 289, 291.)

The position taken in the foregoing quotation, moreover, is strengthened by the reflection that what here has been maintained on the ground of experiment and observation alone is also confirmed by the general principle enunciated by Hahnemann as above stated. In fact, it was this experience which caused him to pronounce it *in extenso* in the first part of the *Organon*.

Here, then, is the second element of induction—the successful application of the proper potentiated dose of the homœopathic remedy in disease.

We now proceed to the third element, which is the potentiation of substances used as medicine. Hahnemann went higher and higher till he died. Korsakoff, before Hahnemann's decease, had taken up the subject and opened a new vista, which in his time was approved of by Hahnemann himself. Korsakoff went as high as 1,500. After Korsakoff Jenichen sacri-

ficed himself for this great cause, reaching as high as the 40m. After him the writer arrived at 6M centes., and found the end of medicinal action not yet, as the above-mentioned provings and clinical cases prove. Whether there is an end at all the experiment will show by and by. The data given are sufficient, however, to establish the fact that the high potencies DO act, and raise the question: How can there be any medicinal power in a six millionth centesimal potency? The answer requires an extensive disquisition which would surpass the limits of this paper, and there is doubt whether it would satisfy the questioner—for a child may ask a question which the wisest man cannot answer. Let us, therefore, avoid the, for our purpose, idle question, and rather ask, if there is medicinal power in a six millionth centesimal, what follows from it for practical use? a proceeding which amounts to the Baconian method of induction without which we always will get into a Slough of Despond. There is this fact, that a palpable substance which we perfectly know has been brought in contact with an immense mass of inert vehicle six millions of times in the proportion of one to hundred. There is the other fact, that such a distribution of its medicinal force to the five millionth centesimal potency acts upon the human organism both in health and disease. There is another fact, that the characteristic medicinal action of the substance from which the potentiation had been started is clearly discernible in the proving and healing cases. Thus the identity of the substance is proved through the whole series of six million potencies. There is another fact, that the chronoscopic and electro-magnetic neural analysis proves the potentiality of such high potencies by the visible demonstration of the nerve system.

And these facts form the third element of our induction, and prove conclusively that it cannot possibly be the matter of the substance used for potentiation which is exerting its force upon the living organism, but it must be something else, for which we have no other means of finding a reasonable explanation than the analogy of the spiritual and psychological facts which likewise cannot be referred to the operation of matter upon matter.

There need be no faltering on the part of the homœopathician on account of the dicta of the natural sciences. They have presumed too much in one way, and yielded too much in the opposite way. They have declared that spiritual matters transcend their horizon, as naturally they should, and have raised their ignorance to the dignity of a principle. No light can be expected from that quarter for our practical questions: What

follows from the homœopathic fact of potentiation? In what relation does it stand to the general law of homœopathies?

It follows that there must be something in the body of man which is able to be affected by such immaterial potencies as are produced by potentiation of palpable substances. This something can only be the nerve system, because the application of the potencies produces different symptoms according to the direction of its specific relation to the organism, just as the slight galvanic current in the electro-magnetic analysis shows a varying resistance on the part of the nerve system. It follows that since the impression of the immaterial potency upon the nerve terminations cannot be a material one because no matter is concerned in it, there must be a system standing beyond the nerve system in intimate connection with it, and in continuous control of it through life, by which the functions are regulated, acting similarly as the medicinal potency, not by material processes, but in a spirit-like manner. This something is what Hahnemann terms the vital force. Hence it might also properly be termed the nerve-spirit, and it would be a legitimate physiological designation, as the combination of the physiological functions or the resultant of the vital forces of the parts of the organism. This is what Hahnemann admirably described in sec. 9: "In health the spirit-like force (autoecy) which as dynamis animates the material body rules absolutely and holds all its parts in admirably harmonic course of life in sensations and activities, in such a manner that our indwelling rational spirit can use freely this living sound instrument for the higher ends of our being."

Thus by the strict inductive method of Hahnemann we, of necessity, are driven to acknowledge the existence of an immaterial power called the vital force (nerve-spirit), from which Hahnemann deduced the laws of the homœopathic science, viz.:

- (1.) The law of *Similia similibus curantur*.
- (2.) The law of the properly potentiated dose; and they are so intertwined by their logical interdependence upon one another that they cannot be separated without jeopardizing the truth and doing injury to common sense.

If there would be no *Similia* there would have been no potentiation. As soon as Hahnemann discovered that it was the vital force which substitutes the pathopoësis to the pathogenesis, he needed a remedy which would disappear in the substitutive process, and this could only be one which was similar in its utterance, though different in kind (sec. 26) viz.: an immaterial remedy which he very appropriately styled a potency. It does



not weaken the force of the argument that his mode of arriving at the discovery of potentiation was experiential and experimental; on the contrary, it can only strengthen the Hahnemannian position, because it led him to the wise demonstration of the healing process by the inductive method, and in this scientific way was found that true reason of the homœopathic law according to the mathematical and philosophical postulatam for comparison, that things can only be compared if of the same kind. It does not matter that we here have to deal with psychological realities which are immaterial; they are as real in their way as any material things subject to gravitation. These realities are here on one side the spirit-like action of the vital force, and on the other side the spirit-like action of the potency. They, certainly, are of the same kind in regard to the spirituality of their action, though different, inasmuch as the vital force belongs to the organism over which it exerts its control, and the potency to the substance from which it has been abstracted. The *Similia* could not be known except by the action upon the vital force. We merely observe symptoms from disease, and these symptoms are the result of the negative change of the vital force by the positive action of potencies known and unknown.

But if Hahnemann had not discovered Homœopathy we would not know that these symptoms are *Similia* of similar changes of the vital force, brought about by potencies developed homœopathically from well-known substances. Now by the homœopathic application we know that these potencies are the opposite positive *Similia*, which when brought in opposite action by the administration neutralize the opposed *Similia* of the body by substitution and the over-action of the *Least Plus* of the potencies, and restore the negative change of the vital force to its neutral and normal condition of health.

Consequently, the position taken in this *Thesis* is in full accord with the general law pronounced by Hahnemann in sec. 26, and it follows necessarily that the law of *Similia* is a consequence of potentiation, for without potentiation there would be no *Similia*, and potentiation is a consequence of *Similia*, for without *Similia* there would be no potentiation.

*Ceterum censeo, macrodosiam esse delendam.*

BROOKLYN, April 19th, 1884.

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THE GOLDEN RULE.—Do as you would be done by! pay your subscriptions promptly as you would have your patients pay you.

## THE "SIFTING OF OUR MATERIA MEDICA:" A CLINICAL ILLUSTRATION.

AD. LIPPE, M. D., PHILADELPHIA.

The case here referred to has been laid before the profession many years ago, but at this time, when a great effort is going to be made to destroy the usefulness of our materia medica by means of an indiscriminate sifting process, a little illustration may serve to cause some thoughtful colleagues to reflect before they progress with and go into the destruction-bringing sifting-trap.

The patient was a boy about fifteen years old, who was in the twenty-first day of typhus abdominalis. Dr. H. N. Guernsey had been in attendance and had treated him in his always careful manner, when the following prominently characteristic symptoms were observed: The whole alimentary canal and organs were in a state of ulceration; his mouth especially was extremely painful; could not even allow fluids to touch his mouth without complaining severely; he vomited blood-streaked mucus, and had severe diarrhoea; sleepless; during the night he would shriek out violently without being able to state the cause of it. Nitr. ac., Mercury, Arum triphyllum had had no effect on him. The mental symptoms called our attention to Stramonium; but here was that last tormenting symptom, the sore mouth, and as we were in doubt whether Stramonium could be administered under the strict law of the similars, we resolved to study up the case before prescribing. In the admirable rendition of Stramonium by the ever painstaking C. Hering we found symptom 1023: "It feels as if the inner mouth were raw and sore (Hahnemann)"—and in going as a last resort, as is our habit, to the *Materia Medica Pura* of Hahnemann, we there found that symptom (20) an observation of Hahnemann himself. After further comparisons, we were satisfied that Stramonium was the similar remedy, and a few doses of it (high potencies) were administered with the hoped-for result—a speedy cure. The prover had only a sensation (feeling) as if the mouth were raw and sore; the patient had that sensation also, and additionally had really a raw and sore mouth. The result proved that our interpretation of that single apparently unimportant symptom, observed by one prover only, was correct.

A revision of the materia medica is now seriously proposed,

and the American Institute has taken the initial steps for the "revise."

The Bureau of Materia Medica, through its Chairman, Dr. J. P. Dake, presented, at the last meeting of the American Institute, a report, and read a schema for the revision and publication of a purified materia medica, sifting out that which is worthless and arranging the whole in a condensed form.

The schema is objectionable on various grounds; for instance, rule 5 reads, "*Include as a rule no drug that has not shown pathogenetic (would read better SICKMAKING) power in two or more provers.*" What would have become of the case above referred to if violent hands were laid on "singly observed symptoms"?

No. 10 was properly objected to by thinking members. It reads: 10. "*Include no symptoms reported as coming from attenuations above the twelfth decimal only when in accord with symptoms from attenuations below.*" No. 10 is objectionable. It is illogical, to begin with, if it is admitted that attenuations above the twelfth can cause symptoms. Why then reject those not in accord with those observed from attenuations up to the twelfth? Does the learned gentleman, who committed himself unwittingly to the acknowledgment that attenuations above the twelfth can have any sickmaking powers, not know that the higher potencies are more potent in every respect than the twelfth? Does it not follow that on that very account these higher attenuations (potencies?) will cause, in many instances, more characteristic symptoms than the twelfth develops? The arbitrary limitation to the twelfth attenuation is unwarranted; or does it seem needful in these days to disregard the teachings and statements of the father of our school? What will the revisers do with Theridion curassavum, which has only been proved in the thirtieth decimal potency? Will they throw it overboard and insult every healer who has reported cases cured by Theridion? Furthermore, there are now a not inconsiderable number of characteristic symptoms of acknowledged value observed only by provings with high potencies. Will the makers of the revised and purified materia medica throw them out? *They will if they know them!* But alas! they do not know much about the way the materia medica was obtained; we do, and if that promised *Opus* should see the light of day it may give us great pleasure to expose these purifiers, especially if they have admitted symptoms only obtained from and only cured by high potencies.

11. *Omit the contributions of Hahnemann and his fellow-provers to the Materia Medica Pura and Chronic Diseases, which are already accessible to the profession, and of which we do not*

*possess the day books.* The play of *Hamlet* with Hamlet left out! Why reject that immortal work of Hahnemann? *Because we do not possess the day books!* For the same reason, Hering's provings may be set aside as well as other provings. It is an old complaint made by Dr. Richard Hughes and his followers that we have not Hahnemann's day books. Will these everlasting fault-finders take up Hahnemann's *Materia Medica Pura* and his *Chronic Diseases*, and for their own satisfaction write out the day books! If they desire to have the day books they are there, can be obtained easily if they observe on what day the various provers observed the symptoms. If they write them out as far as given, the day books are ready. Hahnemann gave the name of the provers, and the abbreviations of their names are given. To many a symptom is added the day on which it was observed. When Hahnemann performed the herculean work of *creating* a pure materia medica it was very difficult to find a publisher, and his ardent friend who was fully convinced of the great truth of Homœopathy, the bookseller Arnold, at Dresden, published these works at a very great pecuniary sacrifice, and now, some sixty years later, it is claimed that he should have published "day books" also. Fault-finders who have not the remotest idea of the magnitude of Hahnemann's and his publisher's sacrifices. In our days we find published "new remedies" without "sacrifices," and these fault-finders never mention these innovations adversely. What was the corner-stone of our school? Why, Hahnemann's works.

Once more we return to the case above related. From the facts there stated different men who have differing views of Homœopathy will make different uses, draw different deductions. The thoughtful healer will mark in his *Materia Medica* opposite the symptom related "Confirmed" (sore mouth and alimentary canal in typhus healed). The man who rides the pathological hobby-horse will draw the deduction that Stramonium will heal sore mouth and ulcerated alimentary canals in every case of typhus fever, and he will be sadly disappointed if he leaves out "*the mental symptoms*," as related in this case. Natrum sulfuricum has healed similar pathological conditions, so have Nitr. ac., Arum tri., Argt. nitr. The true healer considers the "totality of symptoms," not a hypothetical pathological condition. He individualizes and does not generalize, guided by a pathological picture-book; he also does not reject a symptom because it was only observed by one prover; nor does he ever dream of labor-saving books, such as the condensing, purifying divisions, with the twelfth dilution as a standard, pro-



pose to publish. If the *Opus* really comes out there will be found among the "veterans" a goodly number who will write "A Criticism." These old veterans did utilize Hahnemann's *Materia Medica Pura* and his *Chronic Diseases*, and there were many among them who learned the German language that they might have access to this indispensable work, as many years elapsed before a translation into the English and French languages appeared, while still later it was translated into almost all languages. With Hahnemann's great unparalleled *Materia Medica Pura* in hand, the battle against the common school of medicine, with their materia medica bristling with materialism and arbitrary classifications, began, and by the aid of Hahnemann's works battles were won; Homœopathy was established because it cured. Would not men endowed with a reasonable amount of common sense leave the foundation on which was built our school intact and be content with adding to the inheritance left us. I well remember to have seen a copy of Hahnemann's *Materia Medica Pura* and his *Chronic Diseases* at the residence of the late Dr. Bousquet, at Havana, in 1856. Thumbed as these volumes were, their soiled condition gave evidence of their frequent use, and this old Frenchman had introduced Homœopathy into Cuba; the yellow fever and the cholera were by him cured, by means of the *Materia Medica* unabridged and unrevised, and with the thirtieth potency. Later this good healer learned to use higher potencies, and Homœopathy was by him permanently established and used by an intelligent community. Many similar cases have come to my knowledge. The early practitioners in all parts of the world established and made respected our school by just these means. The English reading homœopaths will continue to use the superior translation of our *Hahnemannian Materia Medica* by Dr. Drysdale, far superior to the slovenly translation by the late J. C. Julius Hempel, who had even omitted that greatest paper of the Master, "The Genius of the Homœopathic Healing Art," which paper we take the liberty to recommend for study to men now deliberating how to "condense and purify" our own materia medica before they present to the world "a Caricature."

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BRITISH JOURNAL OF HOMŒOPATHY.—This able and old homœopathic medical journal will cease its welcome visits after this year. It is a great misfortune for Homœopathy that its journals are not better supported by subscriptions and contributions to its pages.

## "BEST COLLEGES" AND DR. A. B. McKIBBEN.

On page 252, Vol. IV, of HOMŒOPATHIC PHYSICIAN, Dr. McKibben, in her comment on my late stricture on our colleges, says:

Dr. Wells says, "And yet students but recently from the class-room, at the close of the terms of two of our best (!!!) colleges, have assured me they have heard no word of the philosophy of this science [homœopathic therapeutics] from the first to the last of the course."

Dr. McK. seems disturbed by our use of the word *best* as applied to the colleges the faulty teachings of which it was my purpose to expose. It may be the word was not felicitously chosen to express the meaning we intended. It will be remembered we censured them *all* for a common neglect of what seemed to us a paramount duty—the duty to teach the *philosophy of Homœopathy*. Where *all* were supposed to be alike at fault, it must be apparent it was not our intent, in using this word, to compare the quality of the teaching of these "*two best*" with that of others—but only to say we had this testimony as to two where were found the most numerous faculties and where were gathered the largest classes to be taught. We are glad Dr. McK. has given us the occasion for this explanation, and the more as it gives the opportunity of adding to our former evidence of the neglect complained of, one or two additional facts bearing on the case.

The history of the American Institute, for the last ten years so largely characterized by absence of that which characterizes true Homœopathy, and also largely by adverse resolutions and expressions of silly opinions not in harmony with the spirit or philosophy of that system of therapeutics this Institute was organized to promote, and which has been so largely a disgrace to itself and the system of practical medicine it has been supposed to represent, has been made almost exclusively by the graduates of these colleges. In this history they have presumably given honest expression to the principles, or want of them, they have received from these institutions, which have certified to their fitness and ability to practice a system of healing a knowledge of which they have wholly failed to impart, the fundamental principles of which have never been heard in their lecture-rooms, and of which these accredited graduates before clinical problems show such utter ignorance. Before the facts of this history, are we wrong if for all of disgrace and folly which the Institute has brought on our school we hold our colleges primarily responsible? Who will say that these gradu-

ates, so sent out to heal by the use of a system of philosophy they have never learned, and perhaps of which they have never heard,\* have not, in making this disgraceful history, *done as well as they knew?* Poor fellows! it was only because they knew no better. They knew no better because they had not been taught.

It would seem there must have been some general principle at the bottom of our college policy to have given us this common experience of ignorance on the part of graduates of that which it is so necessary they should know at the start. The very frank admission of a member of the faculty of one of our homœopathic colleges, when this deficiency in the teaching of his college was pointed out to him and complained of, explains the whole affair, so far as his college is concerned.

*"We do not pretend to make homœopathists of our students. We only make them doctors, and then when they leave, if they wish for Homœopathy they can get it themselves."*

This is not a truth. They do "*pretend*"—in the name of their college—which stands "*Homœopathic Medical College, of \_\_\_\_\_*." We omit the name of the city which was, and so far as we know is, the home of this very honest and frank professor. They not only "*pretend*" to make their graduates homœopathic physicians, but on every diploma they sell they declare, or are supposed to declare, they have done it. What is their diploma good for else before the homœopathic world? Every diploma then, if this professor, to escape criticism, spoke the truth, is but a lying document to which this frank gentleman presumably has affixed his name. For what do students go to this or any other *Homœopathic Medical College*, rather than to any other kind of a medical college, but that there they may be taught and learn Homœopathy, philosophically and practically? They go for this and for no other reason, and the institution which turns them out not so taught is no better than a fraud. It is of no avail for it to say it "*does not pretend*" to teach this. It does "*pretend*," but only does not do it.

We receive with great pleasure and thankfulness the state-

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\*A graduate of last spring of one of our colleges, not "one of the best," recently when questioned as to acquaintance with the contents of the *Organon*, had never seen the book; had heard there was such a book, but as to its contents or purposes had never heard; and as to these confessed utter ignorance. Yet this graduate had the certification of this college to fitness and ability to practice in this community a system of practical medicine, the philosophy of which had never been seen or heard of. Is any condemnation too sharp for neglect and knavery like this? Can we but say—How long shall our patience be abused?

ment that there is *one* college in the country where the *Organon* is taught, and that this is found in St. Louis. Is there another? If there be its whereabouts is unknown.

## HAHNEMANN'S HOMŒOPATHIC FORMULA.

DR. R. E. DUDGEON, LONDON.

Dr. Lippe, in your September number, replying to my remarks in your July number, says: "Dr. Dudgeon \* \* \* contends that the complete homœopathic formula should always read *curentur*; that *curantur* would be a blunder, because it would show that our formula (with *curantur* accepted) was an acknowledgment of 'a law,' while *curentur* would mean that we had only to do with a rule, good at times, but never to be accepted or applied imperatively."

Dr. Lippe must credit your readers with very short memories, that he ventures in September to ascribe to an article of mine published in July words and statements that I never made use of and that I entirely repudiate.

My little article, as perhaps your readers will remember, was in reply to Dr. Lippe's assertion that Hahnemann employed the formula "*similia similibus curantur*." I showed that Hahnemann always wrote *curentur*, and never *curantur*. I then said: "If, then, *curentur* implies that the homœopathic formula is a therapeutic rule, whereas *curantur* implies that it is a law of nature, as Dr. Lippe seems to assert, then Hahnemann's use of *curantur* would show that his idea was that the formula merely expressed a therapeutic rule." By the words in italics it will be observed that the supposed material difference between *curentur* and *curantur* was Dr. Lippe's, not mine. For my own part, I don't think there is any important difference of meaning between the one phrase and the other. *Similia similibus curentur*, let likes be treated by likes, seems to be the more appropriate form for the promulgation of the new therapeutics; *similia similibus curantur*, likes are treated by likes, the most fitting expression in the mouths of the practitioners of the new system. So Priessnitz, the founder of the water-treatment, or *wassercur*, might have said, *Morbi aquâ curentur*, let diseases be treated by water, and his disciples might have inscribed over their establishments, *Morbi aquâ curantur*, diseases are treated by water.



I never allowed that *curantur* was wrong; all I did was to show that Dr. Lippe's assertion that it was the word used by Hahnemann was erroneous. The reappearance of the word on the cover of the *B. J. of H.* only shows the little importance the editors attach to the alternative readings, and not that we are "badly beaten," of which Dr. Lippe, whose ignorance of what Hahnemann actually wrote has just been exposed, will hardly be admitted to be a fit judge.

To say, as Dr. Lippe did, that Dr. Hughes, in adopting Hahnemann's own formula, *similia similibus curentur*, "has departed from Homœopathy hopelessly," is about as absurd a statement as could be made. If he has thereby departed from Homœopathy he has done so in very good company, that of Hahnemann himself. To imagine that the employment of one word or the other implies an adhesion to or a rejection of Homœopathy seems to originate in the notion that *similia similibus curantur* means, likes are cured by likes, a translation of the verb *curare* which would hardly occur to a "ripe classical scholar" (which Dr. Lippe says Hahnemann was), and would seem to be impossible to a German, whose words "*cur*" and "*curiren*" (derived from the Latin *curo*) are always used to signify *treatment* and *treat*, and are used by Hahnemann in that and in no other sense in many places.

I can easily understand that Dr. Lippe, who has always posed as a Hahnemannian of the purest water, should be very much annoyed at being shown to be unaware that Hahnemann used *curentur*, and not *curantur*, as the formula of his therapeutics, especially as he made Hahnemann's supposed use of *curantur* the ground of an attack on Dr. Hughes; but I do not think that his annoyance justifies him in misrepresenting what I said, and in making use of such discourteous language as that he thinks fit to indulge in.

Surely, members of a liberal profession, ostensibly pursuing the same object, might respect the courtesies and decencies of literary controversy in their discussions. But what is to be said for Dr. Lippe, who, because I have shown him to be ignorant of a word employed by our common master, does not hesitate to deface your pages by accusations and insinuations against the *British Journal of Homœopathy* and its editors which I will not condescend to repeat, and endeavors to hide his own discomfiture by indulging in ponderous and pointless jokes which can only raise the laugh against himself?

## IDIOSYNCRASY.

PROF. J. T. KENT, A. M., M. D., ST. LOUIS.

This term has been used in allopathic nomenclature to define a condition supposed to be a special hypersensitive state always present in a particular patient. It is well known that some patients have an increased irritability for certain drugs. This susceptibility has been called, for want of a better explanation, an idiosyncrasy. It is a peculiarity of many people, so supposed; but, as a matter of fact, every person has some idiosyncrasy or peculiar susceptibility to something. Cases are on record of most striking susceptibility to certain poisons and noxious gases. In California, a child four years old was poisoned with four drops of Laudanum. I have seen dangerous symptoms follow a single drop of Aconite in an adult lady. I know a large, robust woman who becomes stiff and rigid in her joints whenever she inhales sewer gas or air from a common country closet vault. A man lately reported a case to me for advice at Monson & Co.'s pharmacy—a traveling man—who stated that whenever he slept in a room where Persian insect powder had been used he broke out with pustulous eruptions and became a great sufferer. I once knew a man who would suffer greatly from the mere trace of Camphor that he would accidentally inhale in spite of himself in his ordinary travels. I am acquainted with a physician who dare not take a teaspoonful of custard, or he will have a diarrhoea in less than two hours.

A practicing physician told me years ago that he could not carry Rhubarb in his saddle-bags, as it always gave him a diarrhoea soon after inhaling it. We have people among us who are made sick by the commonest articles of the dinner-table. I presume every person has observed this peculiar idiosyncrasy. Why did not some wise man in allopathic medicine explain this, and not leave it for Hahnemann to solve by the law of similars? How simple that the similar power or force should create within the body such a turmoil. Were there no idiosyncrasy there would be no disease. This susceptibility being present, the noxious agent, though a million times too small for the microscope to reveal, will do its work and bring on disease, and even death, and the wonderfully wise pathologist has not solved the etiology or the method of this active destruction upon its medicine.

In drug proving we find a single dose of a drug exerting its power upon one prover, and the others escape until after having taken many doses or taken it many days. The highest potencies affect some provers, and large doses of the tincture are required to influence others.

Homœopathicity is almost, if not quite, identical with idiosyncrasy. A patient of mine said I must not give him anything with *Strychnia* in it, because the smallest doses of that drug made him worse, but his remedy was *Nux vomica*, which he detected in the second potency and declared it was *Strychnia*. It cured him permanently. It is fortunately a fact that our crude prescribers seldom make a close selection, or they would do a world of harm. The sensitiveness of a sick nerve to a homœopathic agency is wonderful, while the subject may bear a great amount of inappropriate crude drugging without apparent distress. It is more than likely that the four-year-old child that was poisoned with four drops of *Laudanum* would have found its remedy in potentized *Opium* on a single pellet No. 20. This idiosyncrasy can be produced by medicinal substances; thus, the provers of *Thuja* may get a diarrhœa after eating onions; the provers of *Colch.* are made sick by the smell of eggs; *Plumbum* provers cannot eat fish; *Lycop.* provers cannot eat oysters; while *Ignatia* provers are made sick by eating sugar and sweets; not that all suffer in this way, but many. These peculiar idiosyncrasies are also cured by the corresponding remedy. Many times have I cured with *Thuja* the peculiar diarrhœa brought on every time the patient eats onions. What explanation has our learned pathologist for this state? Can he by his wisdom cure it? No; his good patients go on suffering from their peculiar constitutional wrongs, and the good old doctor consoles him or her by soothing words or a dose of *Opium* or chalk mixture.

All there is of medicine that can permanently benefit man has come through the philosophy of Hahnemann; and this great stumbling-block of regular physicians (?), the idiosyncrasy, has become the keystone of scientific medicine, and explains itself when the philosophy of Hahnemann is understood.

The marked idiosyncrasy is not always observed for the crude materials, as is well known to all Hahnemannians, an instance of which is observed where crude common salt will not produce the slightest disturbance, although the patient craves and takes it largely in food, but the higher potencies produce the sharpest aggravation. The same may be observed with lime salts when there is a marked bone-salt inanition. Therefore, in

cases where Lime is the remedy and lime-water is administered, not the slightest medicinal effect is produced; but the higher potencies act curatively, after which the corresponding saline is appropriated from the natural source, the food eaten.

This extreme susceptibility, called *idiosyncrasy* for want of a name to describe an unknown something, is clearly an underlying pathological relation of curative drug action, and is manifested by the over action of this curative drug in many instances.

The richest field of drug proving is found in provers with the peculiar *idiosyncrasy* for certain drugs. Hence the value of potentized drugs for proving, although only a few of our large number of provers bring out symptoms. The continued taking of potentized drugs develops a susceptibility to certain drugs, and such provers become better after several attempts. I have observed that patients become more sensitive to the homœopathic remedy after several years continuing to take purely potentized medicines; while the taking of crude substances so phlegmatize the system that no fine symptoms will be evolved or felt. I have patients with whom I can develop the curative antagonism by the single dose of the highest hand-made potency, who, if more medicine were given, would become sick of the over-drug action. Then it is plainly to be seen that chronic and acute *idiosyncrasies* are present in the subject, and instead of a fault to be regretted in a patient, should be studied comprehensively in its relation to its expressions, viz., *sympptomatology*. This is the beautiful and pleasant work of the Hahnemannian. We are not baffled but encouraged by the existence of this so-called *idiosyncrasy*, as by finding which we have gained a strong hold, in the way of information, upon the constitution of our patient. It may be his or her peculiarity and the guiding symptom to a curative selection.

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## EMERGENCIES.—EUTHANASIA.

PROF. J. T. KENT, M. D., ST. LOUIS.

I am frequently asked: What should be done, in times of great suffering, for immediate relief? To those who desire to obtain reliable information, and who wish to practice in accordance with homœopathic principles, I would say, take the symptoms of each individual case and select the remedy capable of producing similar symptoms. In a general way, this is all that would be expected of me for an answer to the question, by those who are conversant with our *materia medica*.



Consumptives often suffer greatly when left to themselves, and some medical practitioners, knowing no better way, give Morphine and other stupefying agents, thinking that these allay human suffering.

This kind of practice cannot be too strongly condemned; firstly, it is an acknowledgment that our law is not all-embracing; secondly, it is *the poorest kind of relief to the patient*. But I would not deprive medical practitioners of all means of relief for their patients without furnishing as good or better ones.

The consumptive, when going down the last grade, needs the comfort of a true *healing art*, and not the make-shifts of mongrelism or allopathy. The homœopathic remedy is all that he, who knows how to use it, needs to allay the severest distress. Every true homœopathist knows the value of these wonderful remedies.

A few hints may not be out of place.

When the hectic fever, that so rapidly burns the patient up, is in full blast; the hot afternoon skin, the night sweat, the constant burning thirst, the red spot on the cheek, the diarrhœa, the stool escapes when coughing, *the intense fever P. M.*, the constriction of the chest, suffocation—then should Phosphorus, *very high*, be administered, but *never repeated*. An aggravation will follow, but it must not be meddled with, as it will soon pass off, leaving the patient free from fever and he will go on to death, many times, comfortably. *It is a damnable meddling, that causes the dying man so much misery!*

The distressed suffocation and inward distress in chest and stomach, streaming perspiration, great sinking, must have the clothing away from neck, chest, abdomen, ghastly countenance, and choking, call for *Lachesis*; and it may be given as often as occasion requires, but, to give satisfaction and prompt relief, not lower than 200th.

To this ghastly picture, if we add, he is covered with a cold sweat and there is one on either side of the bed fanning him, and the abdomen is distended with flatus, and the breath is cold, *Carbo v.* in water every hour for six hours, and then stopped, will give rest and beatitude, with many thanks.

But the time is yet coming when even these remedies will not serve us.

The ghastliness of the picture has not been changed, and to it we have added the pains of dying cells—death pains, the last suffering. Such pains come on when mortification begins. If it is in the abdomen we may avert it by differentiating between Arsenicum and Secale, but if this pain comes in the last stage of

consumptive changes, we are beyond these remedies ; much later, there is a remedy, and it is *Tarentula cubensis*. It soothes the dying sufferer as I have never seen any other remedy do.

I have seen Arsenic, Carbo v., Lyc., Iach., act kindly and quiet the last horrors, but *Tarentula cubensis* goes beyond these. I have lately administered it in the thirtieth cent. potency.

When death is inevitable the first-named remedies seem to be mostly indicated, but no longer act, and the friends say: " Doctor, can't you do something to relieve that horrible suffering ?" —the pain, the rattling in the chest, with no power to throw the mucus out. The patient has but a few hours to suffer, but can be made as quiet, in a very few minutes, by the *Tarentula*<sup>30</sup> as with the terrible Morphine.

I believe that no physician would use a narcotic if he only knew a better way.

What is more inhuman than to leave the suffering patient in his last moments to writhe in the agonies of dissolution, surrounded by weeping friends ? The true physician will embrace the opportunity to exercise his skill at these moments. It has come to pass that I am invited frequently to stand at the bed of *moribund* patients whom I never attended during their curable ills, and as many times do I thank the Great Master for the wonderful means of allaying the pangs of the flesh without resort to the necessity of departing from that law which I have so many times found universal, even in the last moments—a true euthanasia.—*The Periscope*.

## A PROVING OF FARFARA.

IRVIN J. LANE, M. D., SING SING, N. Y.

The first proving of Farfara of which I will speak was made by myself by taking the tincture prepared according to the *American Homœopathic Pharmacopœia*.

I have been in good health since I can remember (excepting intermittent fever last fall).

Age twenty-two ; eyes blue ; hair brown ; head large ; form stout ; features full ; habits good ; bowels regular ; urine normal ; chest large and full.

July 8th, 1883, I began proving Farfara by taking seventy-five drops of tincture. In about two minutes I felt a dryness of the pharynx, with difficult swallowing of saliva and eructations of food.

6.30 P. M.—Took two hundred drops. Had eructations of food in a few minutes afterward.

7.30 P. M.—Took two hundred drops. Eructations of wind.

8.30 P. M.—Took two hundred drops. Eructations of wind.

July 9th.—Restless and sleepless last night after going to bed. Had to get up twice during the night to urinate. (Seldom have to get up at all.) Dreamed about murder, burglars, etc., the most of the night, which would awake me, and I would feel afraid for a short time. Arm felt numb, as if asleep, with it extended above the head.

6.30 A. M.—Took two hundred drops. Had eructations of wind afterward.

9 A. M.—Took  $\frac{3}{4}$  ss. Eructations tasting of medicine.

11.30 A. M.—Took  $\frac{3}{4}$  v. In a few minutes afterward felt sleepy, with dull aching in forehead. Alternation of paleness and flushing of the face. The smell of the medicine would cause nausea.

2 P. M.—After going in bathing had a hot sensation in the forehead and a burning sensation in the nose, with a discharge of watery mucus from the nose.

3 P. M.—Took  $\frac{3}{4}$  ss.

4 P. M.—Photophobia while in the sun.

8 P. M.—After eating had a gurgling of wind in the abdomen with some pain and passage of a great deal flatus before stool. Temperature, 98; pulse quick and strong.

9 P. M.—Colic-like pains in hypogastric region, which come in paroxysms, with flatulence in the abdomen and passage of a great deal flatus. Aggravated by sitting up straight or leaning back; ameliorated by leaning forward or passing flatus. Thirsty, drinking little and often.

9.15 P. M.—Took two hundred drops.

July 10th.—Slept well last night, but dreamed some.

6.30 A. M.—Took two hundred drops.

10.30 A. M.—Took two hundred drops.

12.30 P. M.—Took two hundred drops.

6.30 P. M.—Felt sleepy, with constant nausea and slight colic. Felt better while leaning forward; appetite not very good; slight coryza. Feel better in the open air. Eructations after each dose.

7.30 P. M.—Colic in hypogastric region, with sharp pain in region of pamparts ligament.

10 P. M.—The smell or even the thoughts of Farfara would cause nausea. Took two hundred drops. Sour eructations. Constant gaping and very sleepy; burning, irritating sensation in the nose; aggravated by a long inspiration through the nose; dull feeling in the forehead; get the lines crossed while driving;

aching pain at times in left temple; pass a great deal light, nearly colorless, urine. Sp. gr., 10.05.

July 11th.—Sensation as of sand beneath the eye-lids in the morning on first awaking; constant irritation in left side of the nose.

6.30 A. M.—Took two hundred drops. In a few minutes there was a dry sensation in the pharynx and frequent sneezing. Urine, sp. gr., 10.27.

12.30 P. M.—Took two hundred drops. The smell or thoughts of the medicine caused nausea. I took the above dose as I was about two-thirds through eating my dinner. As soon as I took it I felt full, and did not care for any more dinner. Nausea, with a sleepy, dull feeling. Base of tongue coated white and dotted with red papilla.

6.30.—Took two hundred drops. Itching of prepuce and scrotum. Colic in hypogastric region, aggravated by standing, ameliorated by exercise or lying down. Feel sleepy.

10 P. M.—Took two hundred drops. Veins look blue.

July 12th, 6.30 A. M.—Took two hundred drops. Eructations tasting of the medicine. Itching of prepuce and scrotum. Feel drowsy and dull.

1.30 P. M.—Took two hundred drops. Get tired very easy while at work. Centre and base of tongue coated white, dotted by red, elevated papilla. Appetite good.

6.30 P. M.—Itching of scrotum, prepuce, and glans penis, with fine red eruption on glans penis.

11.30 P. M.—Took two hundred drops. Mosquitoes bit my hands quite a good deal during the evening while fishing, and it swelled up like a bee sting, with a burning, hot feeling, and would itch for a long time. Burning, hot feeling in the stomach after taking the medicine.

July 13th.—Rained yesterday. Got my feet wet last night. This morning (after exposure to wet), had a bruised, aching pain in lumbar region and hips when I got up. Worse when first moving about or standing; better after continued motion. Hands swollen from the mosquito bites last night.

8 A. M.—Took two hundred drops.

1.30 P. M.—Base of tongue coated white, with red, raised papilla. Puffy swelling of hands still continues. Bruised, aching pain in lumbar region. Passage of a great deal flatus, with rumbling of wind in the abdomen.

8 P. M.—Took two hundred drops. Got tired very easily this afternoon. Hands swollen some from the mosquito bites yet.



July 14th.—Was very restless last night.

9 A. M.—Took two hundred drops.

1.30 P. M.—Took two hundred drops.

July 15th, 11 A. M.—Itching of glans penis.

12 M.—Took two hundred drops.

7.25 P. M.—Took one ounce after supper.

7.30 P. M.—Burning sensation in the throat, with dry, constricted sensation of pharynx. Great difficulty in swallowing.

7.55 P. M.—Weakness of the extremities. Right knee gave out while walking, as if I had no power of the muscles. Aching of the muscles of the right arm, worse at the elbow. Extreme weakness of the right side. Feel quite cross.

9.30 P. M.—Sensation as of strong tobacco smoke in the throat.

July 16th.—Had an irritating sensation in the upper part of the throat about 4 A. M., causing a dry, hacking cough, aggravated by lying down or taking a deep breath.

12 M.—Took two hundred drops. Dry sensation in pharynx with difficult swallowing.

July 17th.—Dry sensation in pharynx at times during the day, with difficult empty swallowing.

9 A. M.—Took two hundred drops.

11 A. M.—Took one hundred drops. Posterior part of tongue coated yellow, dotted by raised red papilla.

July 18th, 7.30.—Took two hundred drops.

July 19th.—Posterior part of tongue dotted by red raised papilla.

11 A. M.—Took two hundred drops.

July 20th, 11 A. M.—Took two hundred drops.

July 22d, 8 A. M.—Took three hundred drops.

12 M.—Took three hundred drops. Itching of scrotum.

1 P. M.—Burning in meatus urinarius while micturating, principally in the anterior part; urine dark colored and stream very large.

10 P. M.—Took two hundred drops.

July 23d.—Did not take any Farfara during the day because the thoughts or smell of it would cause nausea.

7 P. M.—Saw black, oblong specks with white rings around them before my eyes.

July 24th, 8 A. M.—Took three hundred drops.

July 25th.—Took no more Farfara, as the thoughts of it would make me feel sick.

For about eight or ten days after I stopped taking Farfara I could not laugh, as it would cause very severe pain, as though the whole chest had been bruised.

The following cannot be classed as a strictly homœopathic proving, as it was not made as a tincture or taken in the first case while the patient was in perfect health, yet I think it gives a good idea of the action of the drug on the female sex.

December 15th, 1861.—Miss A. C., age eleven. Was in perfect health up to date. Had had her menses three times at regular periods, and they should have appeared on the 20th of December, but on the 15th she went skating on the river and broke through the ice and got wet up about to the umbilical region; before she got ashore her clothes were frozen so stiff that they had to be cut from her. She had very severe pains along the spine, so that she had to keep her bed.

January 1st, 1862.—Her menses had not appeared, so Dr. White (allopath) was called to prescribe for her. He ordered the following prescription:

Take two ounces of colts-foot root, wash it thoroughly; add half pint of gin and steep it slowly, not letting it boil; then let it stand until it gets cold; then add half pint cold gin; shake well and take in teaspoonful doses four times per day for a week; then she took a dessert-spoonful four times per day for four days.

During the time she was taking Farfara she felt sleepy night and day, so that she slept the most of the time, but during the day while she was asleep she knew what was going on; could only keep awake by sitting up and talking. Pain in the back stopped while taking it. Felt tired all the while; did not want to work, talk, or be talked to, or bothered in any way. Had a dull, stupid headache all over the head.

The second day after increasing the dose she commenced to have labor-like pains. The pains were as they have been at each labor since, viz.: When they first commenced, which was in the afternoon, they commenced across the left lumbar region at about the brim of the pelvis, passing from the left to the right side, then passing from the right side back to the left, always passing around her in front. After they got to the left side, where they started from, they would pass down and out through the vulva. Just as soon as they would pass out there would other pains commence to come in the same place and go through the same circuit, so making the round trip every three to five minutes. They continued the same for about twenty-four hours, not being free from them at any time.

As soon as the pains commenced she thought she was going to die and was very restless all the time. After about twenty-four hours the pains slowly changed in character from the sharp

to an aching pain, which passed along the vagina out to the vulva, where there was a continual bruised feeling which gradually passed away. She could sleep all the time. As the pains began to pass away the menstrual flow commenced. The first day after the menses commenced there was a bruised-like pain on the left side of the abdomen, which gradually passed away.

The menses lasted five or six days, were very dark and clotted until toward the last part, when they changed to a pinkish red color and were thin and watery, passing through everything, or, as she said, they resembled the lochia after labor. Menses worse when sitting.

A leucorrhœa then commenced which was about the color of milk, a little thicker than cream, and very sticky; always worse during the first few days of her menses and when walking around. She has had very hard and tedious labors ever since, the pains being about the same as described above, and lasting from twenty-four to forty-eight hours.

February 2d, 1883.—Mrs. A. M. (same person as above). Health good. Had been pregnant about six weeks when she commenced taking Farfara to cause abortion. She prepared it as follows: Take  $\frac{5}{8}$  ij colts-foot and one pint brandy; steep them together for about one to two hours.

9 A. M.—She commenced by taking a tablespoonful every hour and a half for the first day. Soon after taking the first dose she was thirsty, and would drink large quantities of water at a time, and quite often. Within three hours after taking the first dose she felt very sleepy, could hardly keep awake while at work. While asleep, either during the day or night, she was conscious of what was going on, and would hear or feel even the least noise or motion.

9 P. M.—As soon as she laid down, there was a sensation as if the whole contents of the abdomen were pressing up against the contents of the thorax, causing a choking sensation, so that she could not lay down; had to lean a little forward, which caused relief.

February 3d, 6 A. M.—On getting up the face felt stiff, as if she had been crying, and her whole body was bloated, so that she could not get her clothes on. The breasts were swollen more than any other part of the body, and the nipples more than the rest of the breasts. She felt as if she had drank large quantities of water and it had filled her full; the swelling was soft and flabby, as if there was cold water beneath the skin; on pressing the surface it would leave the imprints of the fingers for about five minutes, and the skin would turn light red.

10. A. M.—She commenced passing large quantities of colorless urine, which would cause a burning sensation, as if it was scalding hot. Soon after passing so much urine she had a very intense itching sensation of the vulva, which seemed almost unbearable; at first, it seemed to be on the external surface of the vulva, and was slightly relieved by scratching, but the itching gradually extended up into the vagina, until it nearly reached the cervix. There was no eruption noticed. Applications of cold and hot water, lard, and lard and honey were made with no relief to the itching, but was aggravated by lying down and after micturition, and continued for about nine days after she stopped taking the medicine. There was a continual watery discharge from the eyes; after closing the lids they felt dry, and there was a sensation as of sand beneath them. Constant excoriating coryza. Discharge of excoriating water from the nose, which would start with a tingling sensation at the bridge of the nose, aggravated by leaning forward; then there was a sensation as if a drop of cold water would start from the upper part of the nose and run down.

Toothache beginning in a decayed tooth on right side of lower jaw and would extend all the way around; teeth felt long and sore; face felt as if she had taken a severe cold, which affected the whole face; four to five days after she commenced taking Farfara she felt confused and was very forgetful; she would lay anything down, then in two or three minutes she could not tell where she had laid it.

February 6th.—A dark cloud would appear before her eyes and she would have nausea with a cold sensation in the stomach. One morning after feeling sick she vomited a green, frothy substance, tasting bitter. After the nausea and internal cold sensation there would be an external cold sensation in the region of and about the size of the stomach. The nausea always came on in the morning, and she compared it to morning sickness. Breath was very offensive. The breasts were full of milk and felt as they had at times when she had been away from her child for a long time while nursing it, except that they were so sore that she could not bear the slightest touch. The soreness was of an aching-sore character. The milk was very watery, so that it was only slightly colored. She drew the milk from one breast, which would relieve the pain for a short time. The milk continued to stay in the breasts for six or seven weeks after she stopped taking Farfara. Had a dull, heavy headache in the forehead all the time while taking it. Arms would feel numb, as if asleep, when lying with them above the head. Cold



perspiration on her hands. Legs below the knees would feel numb, as if asleep, on lying down. Twitching and jerking of the legs under the knees, which would draw them up so that the feet would be drawn up nearly to the hips—they would stay drawn up until she went to sleep or would get up and walk around. Her arms would twitch in the same way at times when she was asleep, which would flex them so as to cause her to awake. Cold perspiration on her feet and legs to her knees.

## CLINICAL BUREAU.

### DYSMENORRHOEA.

PROF. J. T. KENT, M. D., ST. LOUIS.

Mattie E——, æt. twenty-three. Since the first menstrual nîsus, which occurred at thirteen, she has suffered great pain at every period, which has been every three weeks. Pain in the uterus and down the limbs. Before and during she has suffered from an empty, hungry, all-gone feeling in the stomach (*Sepia*, *Murex*, *Ignatia*); she cannot stand long on the feet, the pain is so much aggravated; cold feet; great dizziness when going upstairs; voracious appetite.

The fact that this difficulty dated back to puberty guided me to *Calc. phos.* She never had any more pain. This young lady was compelled to avoid any engagement that might come on her sick day, as she was compelled to keep her bed most of the first day. Her expressions of gratitude have often cheered me and her praise has brought me much business.

So important is *Calcaria phos.* in the painful affections of the uterus connected with puberty and resulting from bad habits or neglected advice at that time that I feel like emphasizing this feature of it. It is a common practice in rural districts for girls at puberty to wade in water and do many careless things, thereby laying foundation for dysmenorrhœa and sterility. The complaints growing out of these causes find their remedy in *Calc. phos.* in a very large number of instances.

Miss X——, twenty-four years old, had suffered from dysmenorrhœa since puberty. She always kept her bed during the first day; menses a few days too soon and profuse, lasting five days; the pain was labor-like and there was some bearing down in the vagina, with a sensation as if the parts would protrude. She often felt as if her menses would come on at different times

during the interim, and sometimes a sexual flame annoyed her. Generally she was robust and free from complaint. Calc. phos. cured this lady in two months.

She was an orphan, having no mother to advise her, therefore exposure at the time that she most needed to exercise judgment brought on the suffering that lasted ten years before she obtained the appropriate remedy. This patient had submitted to local treatment without palliation. She had been told that internal medication could not benefit her.

Miss Susie C——, twenty-two years old, consulted me for dysmenorrhœa. Her menses came very much too soon, and lasted from seven to ten days. The flow was dark and clotted the first three or four days; the severe pain was at the beginning; she got some relief after passing membranes. She complained of aphthous patches in the mouth and sometimes on the labia. She always had a leucorrhœa several days before menstruation, white-of-egg-like and ropy. Her pains were often labor-like, constricting (Cactus), extending into the back and up the back (Gels.), and down the thighs (Cham.), and sometimes to the stomach, causing vomiting. She would always weep from music (Natrûm) and grow sick and become frightened when going down from the top of any high building in an elevator.

She got Borax<sup>3m</sup> at proper intervals. The result was satisfactory. The second period was painless and normal. The relief in this case has been permanent.—*The Periscope*.

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## DIPHTHERIA.

DR. E. B. NASH.

(Reported to Central New York Homœopathic Medical Society,  
March 20th, 1884.)

CASE I.—Carrie Bostwick, aged twelve years, very fleshy and full-faced; ruddy. Symptoms when first visited were: General heat, very high temperature, and quick pulse; great headache, with very red face; throbbing carotids and pains in back and limbs; throat very red; patches on both tonsils, which were so swollen as to fill the throat almost full.

Bell.<sup>30</sup> in solution once in two hours until next day, when all the symptoms were not in the least abated.

Examination of the throat revealed the membrane greatly increased on both sides and a heavy ring of the same around the uvula, the end of which looked œdematous, like a bag of water,

and much elongated. She then described the pains in the throat as stinging pains, very sharp, and running up into both ears, so that she would cry out and clap her hands to the ears when they occurred. She could not lie upon the back at all because she could not breathe, but lay with her face downward on the edge of the pillow over a spittoon, letting the saliva, which was profuse, as well as a discharge from the nose, run into it; breath so offensive the windows were left up in her room.

Apis<sup>30</sup> in solution once in two hours.

Improvement very marked at the next visit next day, particularly the pains and restlessness, all the other objective symptoms following in their wake in due time. Under this, the homœopathic remedy the case recovered, except that a profuse epistaxis ensued which set in at night during convalescence. It bled three nights, when, on account of the readiness of the blood to form *large clots*, "*which hung down like icicles from the nose*," Mere. sol.<sup>2c</sup> was given, which wound up the bleeding.

Two weeks later she found herself not able to read her reading book as near as usual; had to hold it off a long way, and finally could hardly read at all (paralysis of accommodation).

Gels.<sup>30</sup> corrected this in a few days, and henceforth she remains well.

CASE II.—Her sister, aged eight years, same temperament, but little darker hair, eyes, and complexion, was taken a few days after. Not being quite able to recognize the right remedy in this case, and because Apis worked so nicely in the other, Apis was given for the first remedy.

Next day no improvement, and careful examination revealed as follows: *Disease commenced apparently in the nose and extended to right tonsil, thence to left, and the right one particularly swelling enormously*, extending to the cellular tissues so that the right side of neck was swollen clear out beyond the jaw and began to turn purple. This child also was not able to lie upon the back at all on account of not being able to breathe. Not so much discharge from mouth and none from the nose. When she wakes out of her short, restless naps, "*awakes kicking and screaming and very cross*." *Breath horribly offensive.*

Lycop.<sup>1m</sup>, B. & T., one dose, dry, on tongue, one dissolved in three teaspoonfuls of cold water—one spoonful once an hour, followed by Sac. lac.

Improvement prompt, rapid, and perfect. Nothing else was needed. This child had had several scrofulous swellings in the neck during her earlier childhood and I expected to get an opening in this blue swelling above described.

Two others were attacked in the family—one brother and the father—but both lightly, and *Apis* for the one and *Phytol.* for the other was all that was needed. Do not think either would have been serious had no medicine been given.

The house in which this family lived had a cellar under it in which water stands every spring, it being on low, marshy ground, and this last spring had been neglected, so that a bad smell came from it. That this was genuine diphtheria none will doubt.

Note that no "*whiskey in excess*" (Eugene Stoke, counsellor), gargles, alternated remedies, brandy, or quinine was necessary, nor ever are, provided the *simillimum* is found and properly used.

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### BOOK NOTICES.

**SURGICAL EMERGENCIES AND ACCIDENTS.** By J. G. Gilchrist, M. D., Professor of Surgical Pathology and Therapeutics in the State University of Iowa, etc., etc. Pp. 582; price, \$4.50, cloth. Chicago: Duncan Brothers, 1884.

The practitioner who labors in the country or in small towns and villages is called upon to act as surgeon, physician, accoucheur, and, indeed, in almost every capacity! To such physicians will this work of Dr. Gilchrist be especially useful; and, indeed, we believe all of us will find it a convenient book to have at hand for ready reference. The object of the work is to treat of those surgical ailments which are not of sufficient gravity to require the aid of the specialist. Thus we find such subjects as these discussed: Contusions, wounds, effects of heat and cold, asphyxia, injuries to the blood vessels, nerves, muscles, eyes, ears, face, mouth, spine, throat, neck, chest, abdomen, genitals, etc. These are surgical cases with which the general practitioner very often has to deal; he will find them well treated of in this work. The present work is properly a companion volume to Dr. Gilchrist's *Surgical Therapeutics*, which is well known to most homœopathists.

**PROCEEDINGS OF THE TWENTIETH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO**, held at Cleveland, May 13th, 1884.

Through the kindness of Dr. Beebe, the Secretary, we are again presented with a copy of the proceedings of the large and able Society of Ohioan homœopathists. The volume gives evidence of a prosperous medical society, is interesting, but, like all our medical works, shows neglect of therapeutic work.

**THE TREATMENT OF CHOLERA.** By Ch. Gatchell, M. D. Pp. 33; price, 25 cents. Chicago: Gross & Delbridge, 1884.

This little pamphlet tells the story of cholera, its history, its nature its prevention, etc., in a very pleasing style. The book is intended chiefly for the laity; but may be of interest to physicians as well. To the world at large the subject of the *prevention* of epidemics is one of vital interest, and one about which too much cannot be known. Perhaps were our citizens better hygeists they might be more urgent in compelling negligent public servants to do their duty in the matter of city hygiene.



## NOTES AND NOTICES.

**WANTED.**—Numbers four and five, volume one, of this journal; address this office.

**REMOVAL.**—The office of this journal has been removed to No. 129 South Thirteenth Street. Correspondents will please take notice.

**EVEN AN EARTHQUAKE POWERLESS.**—Hardly had the Faraday laid the new Atlantic cable before it was broken by an earthquake; yet we feel sure no earthquake could shake a delinquent subscriber sufficiently to cause him to break up his debts.

**NEW PARTNERSHIP.**—The co-partnership heretofore existing between Dr. G. W. Barnes and Dr. E. A. Clarke, of San Diego, California, has been dissolved by mutual consent, Dr. Clarke retiring. A new partnership has been formed between Dr. Barnes and Morgan, of same city.

**"ECLECTIC" MEDICAL EDUCATION.**—Two eclectic physicians testified before a coroner's jury; one stated the normal healthy temperature to be about seventy-six or eighty degrees, but might be one hundred and forty! The other was not altogether clear, but believed seventy or eighty degrees to be about fair, and that it was higher in the Southern States. He took the temperature by a *barometer*! Some of our homœopathic medical schools could scarcely graduate more ignorant men than these are!

**"MELLIN'S FOOD."**—This preparation is, in fact, an excellent attempt to give the extractive and soluble portion of Liebig's food, without the cellular and indigestible part of the meal. In other preparations of this class this was partially avoided, but not wholly so, by straining. There is no evidence of starch remaining in this preparation, it having been all converted into grape-sugar and dextrine, and there is no reason to believe that it is prepared from anything but malt and wheat. As a food for delicate infants there can be no question as to its great value."—*Medical Press and Circular, London.*

**FOOD EXTRACTS.**—The value of Murdock's Liquid Food is fairly illustrated in the following case—a friend of ours: This lady suffered from general debility, the outcome of a residence in a malarious district, greatly intensified by unskilled treatment. Under homœopathic care and change of residence some improvement was noticeable, but the debility continued, notwithstanding close study of the case; a normal weight of one hundred and eighteen pounds was reduced to ninety-six, when Murdock's Food was prescribed, and in three months health was re-established, and a gain in weight of twenty-five pounds resulted from its continued use for some six months.—*Am. Hom.*

**CHOLERA MICROBES.**—Dr. Gregg, of Buffalo, New York, has long disputed the theory that the so-called "germs" cause the diseases with which they are found. Now, we find the following, confirmatory of Dr. Gregg's views: "Messrs. Roux and Strauss, two eminent French surgeons, now practicing in the hospitals at Toulon, and who studied cholera thoroughly last year in Egypt, have made an official report, declaring that they find the microbe to be the result, rather than the germ, of cholera. In certain 'foudroyant' cases (*i. e.*, those in which death comes most quickly, unaccompanied by vomiting or dejections) they have found no microbe at all; while in others, the number of bacilli is in proportion to the duration of the disease.

"They state that similar microbes are generated in the intestines by typhoid fever and other zymotic diseases, and that they are found by myriads in water, which, being drunk, does not create cholera. Animals have been fed and inoculated with bacilli taken from the alimentary canal of diseased cholera, patients without producing any effect whatever."

THE

# HOMŒOPATHIC PHYSICIAN

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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## HAHNEMANN AND CHOLERA MICROBES.

R. E. DUDGEON, M. D., LONDON.

Everything Dr. P. P. Wells writes can hardly fail to be interesting and instructive, and this is the character of the article he contributes to your October number on *Cholera, Snake-bite, and their Lessons*, but surely he for once has made a mistake in saying (p. 272), when contrasting the testimony of Hahnemann respecting cholera with that of modern "scientific medicine," "And yet, let it be remembered, with no thought of 'microbes' he found the cure."

Dr. Wells must have quite forgotten—or perhaps he has never read—the pamphlet published by Hahnemann in 1831, entitled *Appeal to Thinking Philanthropists Respecting the Mode and Propagation of the Asiatic Cholera*, which I have translated in the *Lesser Writings of Hahnemann*. In that remarkable work he says (p. 851 of *L. W.*) that the cause of cholera is undoubtedly an invisible cloud "composed of probably millions of these miasmatic animated beings, which at first developed on the broad, marshy banks of the tepid Ganges," etc.; again: "The cholera-miasm \* \* grows into an enormously increased brood of those extraordinarily minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists."

These passages show that Hahnemann was a thorough believer in the cholera "microbe," though he had never seen it,

microscopic research not having been so far advanced in 1831 as it is to-day.

But not only was Hahnemann a believer in an organized germ being the cause of cholera; his recommendation of Camphor was partly, at least, founded on his belief that it was the true germicide of the cholera microbe. At page 854 (*L. W.*) he says, talking of camphorated spirit: "This medicine, which alone is efficacious, and which most certainly destroys the miasm about the patient;" and again, "By the cure of the disease with pure Camphor, they would at the same time eradicate and annihilate the miasm (that probably consists of innumerable, invisible living beings)."

The dose, too, in which he directs the Camphor to be given shows that he trusted chiefly to its germicidal power. Here are his directions, taken from another essay by him *On the Cure and Preventing the Asiatic Cholera* (*Lesser Writings*, p. 846): "The patient must get as often as possible (at least every five minutes), a drop of spirits of Camphor (made with one ounce of Camphor to twelve of Alcohol) on a lump of sugar or in a spoonful of water. Some spirit of Camphor must be taken in the hollow of the hand and rubbed into the skin of the arms, legs, and chest of the patient; he may also get a clyster of half a pint of warm water mixed with two full teaspoonfuls of spirit of Camphor, and from time to time some Camphor may be allowed to evaporate on a hot iron."

The pathogenesis of Camphor certainly shows a great similarity to the symptoms of the first stage of cholera, but it is evident Hahnemann was not guided to its use solely by this similarity, or he would hardly have prescribed it in such comparatively enormous doses, unless he had considered such doses as necessary for the destruction of the cholera microbes. Indeed, he hints at the beginning of this last-named essay that he was led to give Camphor on account of its recorded success in the treatment of Asiatic cholera at Dünaburg.

So Hahnemann must be looked on as a firm believer in, if not the actual inventor of, the microbe theory of cholera, and the original proposer of its treatment by means of a germicide remedy. Whether the hypothesis is true I cannot, of course, decide, but, true or not, it was held by Hahnemann, as he distinctly says, and his Camphor treatment of cholera is founded on his belief in its truth.

## HAHNEMANN'S HOMŒOPATHIC FORMULA.

DR. AD. LIPPE, PHILADELPHIA.

The rejoinder of Dr. R. E. Dudgeon on the disputed propriety of substituting *curentur* for *curantur* has been read. We will now sum up the case and leave homœopathicians to enter a final decision.

Dr. Richard Hughes contended that the correct formula of Homœopathy, as Hahnemann himself used it, was *similia similibus curentur*. We took exception to and entered our protest against this new innovation. Dr. R. E. Dudgeon took up the defense of this innovation, to which we again replied, and now are presented by Dr. Dudgeon with a rejoinder. As Dr. Dudgeon says, "*I don't think there is any important difference of meaning between the one phrase or the other,*" we again entirely differ with him. Whoever read the paragraphs 53 to 56 of Hahnemann's *Organon of the Healing Art*, and who also accepted the inductive method of Hahnemann, must arrive at the conclusion that the Law of the Similars and the formula expressing it, "*similia similibus curantur,*" are mandatory, while *curentur* impliedly admits that while cures *may* be performed under the law of the similars there also may exist other applicable laws. Dr. Dudgeon *asserts* that Hahnemann always wrote *curentur*, and never *curantur*. The burden of the proof of this assertion rests with the other side. The question has been discussed before, and it has been found that the *curentur* *once* found in Hahnemann's writings was owing to the oversight of the proofreader, and if my memory, which has always been very good, does not betray me, it was the late Dr. Constantine Hering who showed the absurdity of substituting *curentur* for *curantur*.

The *British Journal of Homœopathy* did accept the formula, *similia similibus curantur*, from its inception up to the present day. This is no vague assertion; the documentary evidence is before us—*vide* Vol. I of that journal, published in 1843, and on page vii of the Introduction we find the following passage: "Our pages will be open for the expression of every shade of opinion, provided that the principle *similia similibus curantur* be fully admitted by the writers"! And now, in 1884, the discovery is made by Dr. Richard Hughes that *curentur* is right and *curantur* all wrong; and then comes to his assistance Dr. Dudgeon, who asserts that Hahnemann always wrote *curentur*! Has the British journal lived in error for over forty long years? Strange things have happened since the *British Journal of Homœopathy*



*œopathy* started, loyal to our school, its principle and rules, loyal to Hahnemann. That same Dr. Hughes discovered that Hahnemann's notes to Belladonna were erroneous because he himself and his Parisian friend could not find them. It was then shown him that his inability to find the original quotations was no proof of their non existence, and finally he was compelled to make an apology, as they were found, and the correctness of the never-before doubted, conscientious statements of Samuel Hahnemann was reasserted. Then came the assertion from the same quarter that the senility of that great philosopher made his late discoveries and his late writings of doubtful value. All of these discreditable statements were published in that primitively loyal *British Journal of Homœopathy*. Every individual who persistently follows a course of departures from long-acknowledged laws and rules of practice must have "*a motive*," and all who become his aiders and abettors must have a like motive. The motive has become apparent, as the departures increased, till at last the final blow was struck, and Homœopathy, with its ancient, time-honored formula, *similia similibus curantur*, was to be supplanted by illogical eclecticism, and its formula would properly read *simila similibus curentur*, so that the people might believe that the eclectics were homœopathists of an advanced type. These same men ask for recognition by the "regulars" and denounce openly Hahnemann and his followers.

Dr. Dudgeon may claim that there is no material difference between *curantur* and *curentur*; it is not likely that any loyal homœopathician will accept it as a fact that they are phrases only, almost synonymes. We have said enough. We shall, during the rest of our natural lifetime, hold fast to the old formula, and we wish Drs. Hughes, Dudgeon & Co. a happy time under their newly discovered formula. Success creates success, and if a superior success follows the practice of eclecticism than followed Hahnemann's methods and that of his faithful followers, then the eclectics will carry the day, the people will indorse them and condemn the faithful followers of Hahnemann; but if the eclectics fail to cure while the faithful followers of Hahnemann *do* cure, the verdict of the most interested part of the community will judge very differently. Frequently repeated prayers, directed to the eclectic wing of homœopathists, to show *one single curable case* treated under a strict application of the similars (*similia similibus curantur*) which was not cured and was afterward cured under another law of cure. *Then*, and not till then, will we join the followers of the newly discovered heresy of *curentur*.

## THEN AND NOW : WHAT HAS CAUSED THE CHANGE ?

When I changed my practice from old school to Homœopathy, more than forty years ago, it was accepted by those who had accepted the new therapeutics, that Homœopathy was a law, like other natural laws, of divine origin and authority ; that on this law was founded the true and only *science* of therapeutics which truth presented to our confidence, and that the chief duty of healers was to acquaint themselves with this law, its corollaries, and the agents it required for its practical administration, and then to use these agents in clinical duties as the law commands. This, then, it was that constituted the practice of Homœopathy, and the habitual performance of this duty was accepted as constituting a man its *practitioner*. Such practitioners were busy with the study of this law as given and explained only in the *Organon of Homœopathic Medicine*, and with endeavoring to follow as closely as possible the instructions there given for the examination of the sick condition, that the elements by which this is related to its curative might be accurately known, and then to find this curative in their materia medica by reason of the greatest possible similarity in the ascertained effects on the living organism of some *one* of its drugs to these elements. When so found and given, *sicknesses were cured*, and there was a great and bright joy with healers so employed and so successful. The results of such labors were a new revelation to those doctors who had had previous education and experience of "old school physic" only. Law was their master and they obeyed it. They had had no helpers in college or literature to any "short and easy method" of finding their simillimum for each case treated. So they *worked* and found it, as the *Organon* directed, and the result was their great reward—they *cured*. If one had come to these so working, with modern means and appliances for facilitating diagnosis, and through these and thus pointing to a short and easy way to the simillimum, he would most certainly have been set down as a sham. In the *results* of their loyal practice they found no needs for other methods, and then the idea of "labor-saving machine" practice in the interest of the doctor, not of the patient, was not born. The proponent of such ideas would at once have been proclaimed the sham he really was ; or, if a homœopathic practitioner, a traitor to the truth he was professing to practice. A *simillimum to diagnosis* had not then been in-

vented. The basis of each prescription then was, as the *Organon* directed, *the totality of the symptoms*, and never a *name*.

Soon after this "The American Institute of Homœopathy" was organized. Its originators were for the most part men who had been thus taught by the *Organon*, and who were thus endeavoring in practice, so far as they were able, to obey its practical precepts. They met and organized in the interests of an increased knowledge of the Homœopathy of the *Organon*, increase of curing agents and of knowledge of those already possessed and used in clinical duties, and to protect the community from impositions of shams and imposters, who might pretend to practice in accord with our law, but who, from ignorance, indolence, or any other cause, were incapable of the practice they pretended to pursue. In the early years of the Institute its members were seen loyally laboring in carrying out these objectives of its creation.

Its activities were great, and its membership increased, and has continued to increase, till now it has become a great multitude, almost wholly composed of successors of its founders, who seem to be occupied and interested in all other branches of medical science, to the great exclusion of the objectives of these founders. Any other science, or *pretense* of science, has their immediate and earnest attention, but for the law, its fundamental rules of practice, its necessary corollaries, its pure materia medica—for these the successors of these founders seem to have little heart or time. They have neither patience nor disposition to listen to any plea for the Homœopathy of their predecessors. When its better practical successes are reported, it is found *easier*, if not wiser, to pooh! pooh! or deny their truth, than to imitate the laborious process which has achieved them, and ease prevails; and the meanness of this is shielded by the cry, "*Don't you see we have the majority on our side?*" If so, then all it proves is that the majority prefer ease to truth, and this can only be shame on the majority. Do these successors forget that the truth is, in itself, always the "majority"? And mere numbers, however great, if opposed to the true and devoted to the false, are only destined to succumb to the one majority in the end. It may be well that this be remembered.

We have said the activities of the founders of our Institute were great. It may be added, that of their successors is scarcely less so. But how great the difference of the objectives on which they have expended their energy?—the one endeavoring to build up and establish a knowledge of truth and confidence in it, the other most intent on destroying both.



Why has this change come upon us? Certainly not because of failure to cure the sick by the earlier, and, we may add, the legal and better method advocated and practiced by those who created this Institute, that extended knowledge of this method might give increased confidence in its truth and efficacy to doctors and men; not because any man of average intelligence who had been honestly endeavoring to obey our law in his practical duties had found any need of the change, nor because any such man has found in the change any better practical results from abandoning law and following traditions of men, old or new. And then, by what agency or authority has this change been effected? We believe we do it no injustice if in tracing its origin and pedigree we find its father to have been *Ignorance*, its mother *Indolence*, and the accoucheur in attendance at its birth, *Conceit*. The result is certainly worthy of this tripartite combination, and seems to bear birth-marks on its front testifying abundantly to its parentage, and in its now early life has shown ample evidence of its ready absorption of the spirit and manners of its nurse—*Impudence*.

But, it may be asked, where is the evidence that this so great change really exists? And it is right the question should be answered.

The first evidences of this change we shall give is, remembering the fact of the early devotion and loyalty of our Institute to law (it has been claimed that this be accepted as our great representative body), we place in sharp contrast with this the notorious "*last resolution*," passed by this body at Indianapolis, 1882, by which it absolves its membership from all obligation to obey law;—that law which had been accepted as the only formula of a *science* of therapeutics; that law declared, and before believed to be given, of God; that law to which all members of this "representative body" were supposed to have declared allegiance, thus abrogating, so far as it had power, God's law, and making every man a law to himself. Is not this evidence of change in this so-called "representative body"? Is it not clear that, whatever it represents, it has ceased to represent the Homœopathy of its founders? These were willing to acknowledge God to be wiser than men; that He knew and had given to the knowledge of men a *law* to be recognized and obeyed in the use of means for the cure of the sickness of mankind. Not so their successors. To them any man's whim is to be a higher authority than any law of God or man. Is the change for the better? Verily, here is a change, but it is a change "*with a vengeance*!"—a "*progress*" downward and backward.



Second. The Institute in its early history was employed chiefly and earnestly with the interests of its materia medica, to enlarge its record and lessen the difficulties of its practical application; and also with its therapeutics, that by a right understanding of law and its corollaries more perfect successes in healing might be attained. Now the members seem to be more interested in anything else, especially if it be presented with a seeming or claim of the "scientific." This appears from the greater number of bureaus or committees appointed to consider and present other subjects than these specialties of Homœopathy, as compared to the few who were expected to present papers referring to these last, and this is further confirmed by a comparison of the number of papers presented, read, and discussed on other subjects, as compared with the few related to materia medica and therapeutics.

Then, thirdly, the action of the Institute can hardly be accepted as friendly to the best interests of our materia medica in continuing from year to year as Chairman of the bureau of this important science a member who has done nothing for its enlargement, elucidation, or purification. He has done nothing to advance any man's knowledge, or to help his mastery of this important science. He has done nothing, so far as we know, to show he has any especial fitness for the discharge of the important functions which should pertain to this office. He has done nothing, that we are aware of, which he or his friends can present as a reason for his continuance in this position year after year by the presiding officer of the Institute. He has done nothing but discharge the duties of a "common scold" for this honorable body, and in these it cannot be denied he has shown no common diligence. But it may be questioned whether these duties are in themselves or their results so meritorious as to deserve from the body he has so served any very exalted honors or trusts. And this will be the more questionable when it is remembered that the objective of his habitual scolding has been to destroy confidence, so far as he had power, of doctors and patients and all men in the purity of our record of our materia medica. That he has done no more mischief in this matter has been solely because he had no more power. No man will deny he has done all he could. It certainly is not easy to accept this service as evidence of any great or especial knowledge of our materia medica, and the more so as every utterance of his on this subject has been only additional evidence that he knows very little. And now we think we may be warranted in saying that of this kind of evidence we have had fully enough and need no more.

Would the early Institute have honored any man with office for such reason?\*

Then next, in matters which have of late interested our Institute most, have been efforts of another kind to sap our confidence in the worth and truth of our materia medica record. In giving countenance and approval to these, the late history of the Institute is in sharp contrast with its earlier, when all were only intent on making this more complete, better known, and more carefully used for curing the sick as directed by our law. We refer to the reported efforts to *see* that which cures in our medicines, and which failing to *see* has been more or less accepted as proof of absence of curing power in the doses of them used. The microscope does not enable one to *see* this power, and therefore it has no existence. This has been the experience and the logic which has been most acceptable to these successors of the founders of this organization. It does not matter that these preparations, where no curing agent can be seen with the help of the microscope, have cured multitudes of grave sicknesses, and cured them in greater proportion and in less time than those where something supposed to be the curing agent can be seen by this help. "It can't be *seen*, and therefore it is not," is the conclusion which has had the approval of these successors of a better generation. The microscopist can't *see* the power, and therefore his logic compels him to discredit uniform clinical testimony to the presence of this power in healings innumerable. "I can't *see* the power, and therefore the alleged cures are only so many practical im-

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\* This persistent and almost perpetual scolding of our materia medica reminds me of a story told by Rev. Henry Ward Beecher in a Presidential canvass not many years ago. The candidate of one side had been attacked by a base and foul slander by the papers and stumpers of the other. This they continued to repeat after it had been abundantly proved to be false. This conduct on their part reminded Mr. Beecher of an Ohio farmer and his large Newfoundland dog. A lively little squirrel often visited the farmer's premises, and as often was attacked by his huge enemy, the dog. The squirrel each time sought and found safety in a hole in a stone wall. In it he was safe beyond the reach of the dog, who, notwithstanding, would bark at the hole a long time after each chase, just as if it did him good and hurt the squirrel a good deal. He became so fond of this that when he saw a traveler coming down the road he would rush for the hole and set up a furious din. His owner one day, after such a display of this habit, reproved his folly. The dog replied by a look, which was construed thus by his master: "Master, I know there is no squirrel there as well as you do, but then you must pardon something to the *nature* of a *dog*, you know." It is possible the *barkers* at our materia medica really believe there is some kind of a squirrel in the hole at which they have disported themselves so long. Is it this or is it their *nature* which prompts their barking with a force they cannot resist? The dog, the wiser animal of the two, knew there was no squirrel.

possibilities." The sick who appeared to be cured, and who thought they were cured, were not cured at all, and it is a sufficient proof of this that even with my microscope I can't *see* what cured them. Let the logic of this philosopher carry him one step further, and let him be consistent, as all good philosophers should be, and deny the existence of *pain* because, forsooth, even with the highest and best powers of his microscope, he cannot *see* it. Experiments of this sort please these successors and they give them their approval. This search for the invisible may have a place in some form of Pickwickian science; with true Homœopathy it has no place. The experiences of true homœopaths abundantly prove that pains and sicknesses can *see* curing power where even the microscope cannot.

But scolding and the microscope have powerful aids in their efforts to destroy confidence in our record of materia medica and therapeutics in the crucible and test-tube. Chemistry joins ambition and the microscope in their endeavors to destroy confidence, and in this goes for "Fincke's high potencies!" It burns them and then goes to poking in the resulting ashes for something which Fincke never potentized, and for his hundred-thousandth potency as well. And why not as well? If the existence of curing power be denied because the microscope cannot *see* it, why not deny its existence because it could not be found by poking in these dead ashes or by any, whatever, resort to the test-tube? The one is certainly as logical as the other, or both are equally powerful or powerless to set aside the therapeutic record of the efficacy of the agents the best clinical administration of Homœopathy has employed. And yet it was a report of such chemical fooling that seemed greatly to interest and excite to an uncommon degree these successors of the founders of the Institute. They acted as if they expected some new birth of greater value to themselves and the rest of mankind than was the older birth of the similars, with which they seemed to be having so little to do and to have had so little of practical knowledge or concern, and that greater good was to come from these quasi-*scientific* foolings than from any knowledge of or obedience to God's given law, so heartily accepted by their more enlightened predecessors. They seem to have accepted these as most "excellent foolings," and were each, more than the other, eager to thrust his hand into his pocket and bring out and contribute the means necessary to their continuance.

But these successors have just closed their session for 1884, the programme for which has recently passed under our review. Of its acts at this session we know but little, and this little, we



are sorry to say, is not charged with evidence of improvement in the work performed or proposed as compared with that of its immediate predecessors. Destructiveness rather than development of any truth or interest pertaining to Homœopathy seems to be the genuine characteristic of so much of this as has come to our knowledge. Of this we shall only refer to one matter, of no little importance, and to their proposed method of dealing with it. The "reformed" or "model" materia medica had the attention of these successors, and they assented to a request from English physicians to join them in the labor of its production. This might be a noble work if in the hands of competent and trustworthy men, but when the co-operator assigned by the Institute to join our English workers is no other than its "common scold," as we are already in possession of his notions of "reform" of this work, we are constrained to fear, if his English associates are in harmony with him in these, there is for us little of hope of good in the results. The first objective to which this joint commission give attention seems to be, there is *too much* of our materia medica, and therefore the first idea of its "reform" is *reduction*. But how reduction? Why, by *striking out* "all which is not essential"! Who is to decide this question of essentiality? and by what rule is he to be governed in his decisions? If he err in this and reject a truth (he *may* mistake and do this), who is to be a gainer? and what are we to think of such a reform? But we are in possession of two rules which it may not unreasonably be supposed will be authoritative. The first was given by the American associate in this work that is to be, and is found in his report to the Institute in 1883. The record of no drug is to exceed "five pages." If there be more, this is evidence of "non-essential" character and a sufficient warrant for "striking out" till the regulation size of the record is reached. But what part of this excess is to be sacrificed? and why? For what other reason than this of "too much of it" is this or that to be excluded rather than other facts of the record? And here comes in the second rule with partial relief, furnished by the Institute itself—and we are constrained to say no other of its recent acts surpass this in unmixed silliness, not even the notorious "last resolution." It is this: No symptom is to be accepted which has resulted from any dose of any potentized drug above the tenth number. The importance of the symptom, its truth, its often verification in clinical experience, nor any other facts pertaining to it, are to have any weight with these reformers. They are directed by the Institute to have regard only to the dose from which it is supposed to have come. Verily the length



of the ears of the proposer of this rule should be investigated; they must be something phenomenal in extent. The founders of the Institute were just weak enough to believe that the value of a symptom was determined by its truth or falsehood. Not so their successors. They have discovered it is all *in the dose*, and all from above the tenth potency are to go, like Domine Sampson's duodecimos, "over the shoulders," as of no account. (See *Guy Mannering*.) It may be a comfort if we are permitted to hope that silliness has here reached its lowest depth.

P. P. WELLS.

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### A CONDEMNATION OF SPECIALISM IN MEDICINE.

In his work on *Sexual Neurasthenia*, Dr. Beard wrote this condemnation of the treatment of "local" disease as now practiced by specialists:

"The body of the sensitive man is a microcosm of reflex actions, and the three great centres of reflex irritation—the family of reflex centres—are the brain, the stomach, the genital system; between these messengers of evil or of good are ever passing in sleeping and in waking hours. To touch one is to touch all. These three are literally a trinity—three in one, one in three; they cannot be isolated.

"Besides these three general centres, there are sub-centres, all of importance, all to be considered in the study of nervous diseases—the spine, the eyes, the teeth, the glans penis, the ovaries—for disease of any of these parts may cause disease of any other part.

"From this general and demonstrable and important fact, false reasoning unlimited has sought to show that *all* functional nervous diseases whatsoever come from the eye, and that right glasses are a specific for neuroses; that the removal of the ovaries is the true treatment of neurasthenic women; that all nervousness, including morbid fears and morbid impulses, must depart after surgery has cured a lacerated cervix; that the opening of a stricture opens the door of escape for every other disease that afflicts the sufferer. Disappointments increasing and beyond enumeration attend those who look only at *one* of these many centres of reflex irritation and see not the others."

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JOSLIN ON CHOLERA.—A new edition of this valuable work on *Cholera* will be issued as our first supplement for 1885. It will be prepared by Dr. P. P. Wells.

## THE SYMPTOM WHICH INDICATES THE REMEDY.

T. L. BROWN, M. D., BINGHAMTON, N. Y.\*

Each remedy is individually different in its effect upon the healthy body. That distinctive, tested difference marks its curative relation to the diseased body. But for this individual indication the thorough homœopathic physician cannot be sure he has selected the remedy most likely to cure according to the law of "*Similia*." The symptom peculiar to only one remedy and not produced by any other, is, when known, the symptom which more correctly indicates that remedy in a case prominently presenting a similar symptom. Practice has proven that when we find in a patient the said objective or subjective symptom, we also find many of the other most common symptoms of the remedy.

For the purpose of inducing physicians to more thoroughly test the individual symptom, and not, as many do, prescribe on general instead of distinctive and demonstrable symptoms, I take this way to call attention to this neglected subject. Life is too sacred to depend, as old school medicine does, upon general, and not upon tested indications for the cure of the sick.

Success is the result of the intelligent use of the most accurately tested similar symptom deciding the best known remedy.

That symptom, like the last added weight that tips the scales, decides the choice of the remedy. Certainly in each prescription is the greatest therapeutic good a physician should aspire to in the use of the remedies. Any suggestion we can add whereby the demonstrable truths peculiar to our school of medicine may be made more intellectually useful is a step in the right direction.

We here offer as many of the individual symptoms without their connecting indications as we have tested in our practice.

We do this to be instrumental in helping others in what we have found useful in the correct selection of remedies.

*Aconite*.—Fear of death, with terrible anguish.

*Æsculus hippocastanum*.—Violent backache in sacro-lumbar region, aggravated by walking or stooping.

*Aloe*.—Feeling of weakness and loss of power of spinctor ani ;

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\* Read before Homœopathic Medical Society of New York.

Sense of insecurity in the rectum, as if the stool would escape when passing flatus.

*Alumina*.—Urine can only be passed with the stool, or must stand up to urinate and then sit down to defecate.

*Antimon. crud.*—A thick white coating upon the tongue.

*Apis mel.*—Stinging pains in any part of the body.

*Arnica mont.*—The whole body feels sore and bruised, and is sensitive to touch.

*Arsenicum*.—Violent, unquenchable, burning thirst, with frequent drinking of small quantities of water.

*Asafœtida*.—Flatus passes upward, none downward.

*Ascarum eupor.*—Cannot bear the sound of scratching on linen or any similar substance.

*Asclepias tuberosa*.—Feeling as if a stream of fire passed through the abdomen and as if bowels would come out.

*Baptisia tinct.*—Thinks he is double or that his body is broken, and tosses about the bed to get the pieces together.

*Belladonna*.—Moaning during sleep, with half-closed eyes.

*Benzoic acid*.—Dark, strong-smelling urine.

*Bismuthum*.—Thirst; drinks large quantities of water and vomits it immediately.

*Borax*.—Anxious feeling during downward motion or rocking; cannot bear downward motion. (Gels.)

*Bryonia*.—Worse from motion, even of a hand or foot. Better by rest.

*Cactus grand.*—Constriction of the heart as by an iron band.

*Calcareo carb.*—Sensation as if cold, damp stockings were on the feet.

*Camphor*.—Skin cold as death, but cannot bear to be covered.

*Cantharis*.—Stools white, or pale-reddish mucus stools, like scrapings of the intestines.

*Capsicum*.—Thirst; drinking causing shuddering.

*Causticum*.—Salt-waterbrash.

*Chamomilla*.—Redness on one cheek only.

*Chelidonium maj.*—Constant pain under the inferior angle of the right scapula.

*China*.—Ailments from loss of vital fluids.

*Cina*.—Constantly digging and boring at the nose, with paleness about the mouth.

*Coffea crud.*—Wide-awake condition; mental faculties and senses unusually active; wakefulness at night; will see and hear more readily.

*Colocynth*.—Violent colic, causing the patient to bend double.

*Cocculus*.—Excessive nausea and vomiting when riding in a carriage or when becoming cold.

*Colchicum*.—The smell of fish, eggs, fat meats, or broth causes nausea even to faintness.

*Conium mac*.—Vertigo, particularly when lying down or when turning over in bed.

*Crocus sativa*.—Sensation as if something the size of a fist were rolling around in the abdomen.

*Croton tiglium*.—Sore nipples; when the child draws on the nipple a pain which is excruciating runs through to the corresponding scapula.

*Cuprum met*.—Spasms, with blue face, and thumbs clinched across the palms of the hands.

*Digitalis*.—Weak, slow pulse.

*Dioscorea v*.—Violent twisting colic, occurring in violent regular paroxysms, with remissions.

*Drosera*.—Cough comes in violent paroxysms at intervals of about four hours.

*Dolichos*.—Intense itching of the skin with no appearance of swelling or rash.

*Dulcamara*.—All symptoms aggravated by a cool change of the weather.

*Eupatorium perf*.—Break-bone pains.

*Ferrum met*.—Face flushes easily on the least excitement or exertion.

*Gelsemium*.—Goose flesh over the whole body.

*Graphites*.—Eruption; oozing out of a thick, honey-like fluid, especially behind the ears.

*Hepar sulph*.—Over-sensitiveness to pain.

*Hyoscyamus*.—Immodest; will not be covered; kicks the clothes off.

*Hydrophobin*.—On seeing water or hearing it run, all his symptoms are worse.

*Ignatia amara*.—Suppressed grief. Silent grief, with alternate crying and laughing.

*Iodine*.—Pain in the stomach, relieved by eating.

*Ipecacuanha*.—Constant and continued nausea.

*Jalapa*.—Child "good" all day; screaming, restless, and very troublesome at night.

*Kali bich*.—Stringy ropy mucus. Bladder-like appearance of the uvula, with much swelling, but very little redness.

*Kali carb*.—Wakes about 4 A. M. with cough and stitches in the chest, and stitching pains in the chest.

*Iris versicolor*.—Burning from the mouth to the anus.



*Jaborandi*.—Profuse sweat and profuse salivation.

*Lachesis*.—Always worse after sleep; great mania and loquacity; suspicious even of friends.

*Leptandra*.—Stools like tar.

*Lilium tig.*—A full, distended feeling of all parts of the body.

*Lycopodium*.—All symptoms worse from 4 to 8 P. M. A little food seems to fill the stomach full, and causes fullness and distention of the abdomen.

*Laurocerasus*.—Drink rolls audibly through the œsophagus and intestines.

*Lithium carb.*—Gnawing pains in the stomach; relieved by eating.

*Kreosotum*.—Teeth show dark specks and begin to decay as soon as they appear.

*Magnesia carb.*—Stools with green scum like that of a frog-pond.

*Mercurius corr.*—Tenesmus vesicæ with intense burning in the urethra, and discharge of mucus and blood, with the urine or after it. Urine scanty, hot, bloody, retained or suppressed.

*Mercurius sol.*—Violent tenesmus and continued urging, never-got-done feeling.

*Mezereum*.—Worse in the evening. After suppression of an eruption of thick crusts covering thick pus.

*Muriatic acid*.—Inclination to slide down in the bed.

*Natrum mur.*—General emaciation, most conspicuous about the neck, which is very thin and shrunken.

*Nitric acid*.—Violent cutting and drawing pains in the rectum, continuing for hours.

*Nux vomica*.—Heat with red face and aversion to uncovering.

*Opium*.—Slow full pulse; sleepy but cannot sleep.

*Phosphorus*.—Anus constantly open.

*Phosphoric acid*.—Desire for something refreshing or juicy.

*Plumbum met.*—Sensation of something pulling at the umbilicus with actual retraction of the navel.

*Podophyllum*.—Painless cholera morbus. Stools are profuse and gushing, each seeming to drain the patient dry, but soon he is full again.

*Psorinum*.—Body always has a filthy smell, even after a bath. (Skin dirty, greasy looking.)

*Pulsatilla nig.*—Irresistible desire for fresh air. Worse from warmth or in a warm room.

*Rheum*.—Sour smell of the whole body.

*Rhus tox.*—Tongue dry and rough, with red edges and triangular red tip.

*Rumex crispus*.—Violent dry cough, worse at night; excited by tickling in the larynx, when walking, when talking; by pressure on the larynx or trachea; when lying on the left side.

*Sabadilla*.—Urine thick and turbid, like muddy water.

*Sambucus niger*.—Dry heat of the body with coldness of the feet and hands during sleep; on awakening the face breaks out into profuse sweat, which extends over the body and continues more or less during the waking hours; on going to sleep again the dry heat returns.

*Sarsaparilla*.—Urine deposits white sand. Child screams when urinating. Great emaciation, the skin shriveled and lying in folds.

*Secale corn*.—Aversion to heat, or to being covered.

*Sepia*.—Gone feeling in the stomach, not relieved by eating. Urine turbid, offensive, with reddish or clay-colored sediment, adhering closely to the vessel.

*Silicia*.—Offensive foot-sweat making the feet sore.

*Stannum met*.—The smell of cooking causes vomiting.

*Staphysagria*.—Canine hunger, even when the stomach is full of food.

*Stramonium*.—Loquacious delirium, worse from looking at shining objects; in the dark when alone.

*Sulphur*.—Worse, early in bed. Canine hunger at 10 or 11 A. M. Aversion to washing in cold water.

*Sulphuric acid*.—Sensation of trembling without visible trembling.

*Taraxicum*.—Mapped tongue, with dark red, sensitive places.

*Tartar emet*.—Continuous anxious nausea, straining to vomit with perspiration on the forehead.

*Terebinthina*.—Excessive tympanitis. Violent strangury. Urine cloudy and smoky.

*Thuja*.—Stools forcibly expelled; copious. Gurgling like water from a bung-hole.

*Veratrum album*.—Cold sweat on the forehead.

*Zincum met*.—Feet constantly in motion.

*Zingiber*.—Worse after drinking impure water.

I. H. A. MEETING FOR 1885.—The next meeting of the International Hahnemann Association will be held at the Globe Hotel, Syracuse, N. Y., Tuesday, June 23d, 1885, at 10 A. M., continuing three days.

GEO. F. FOOTE, M. D.

Chairman Ex. Committee.

## LECTURES ON MATERIA MEDICA.

We have made arrangements with Dr. Cosby, of St. Louis, to furnish the HOMŒOPATHIC PHYSICIAN with notes on Professor Kent's lectures on materia medica. We give, in this number, the notes on *Aceticum Acidum*. During the following year we will give these notes on one or two remedies in each issue. We hope these lectures will be of service to our subscribers. It is not at all probable that these hastily written notes do full justice to Professor Kent's lectures, but as he kindly allows us to use them, we are glad to be able to present them to our readers.

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### NOTES ON ACETICUM ACIDUM.

A person who had been taking vinegar for some time will have a *pallid, waxen, emaciated* countenance and *vomiting*; also ulceration of the throat. A pot of vinegar on the stove is very beneficial in some diseases. You cannot cure a chronic disease if you allow your patient to use vinegar. [*Lachesis will work with it.*] When curing a chronic disease you must stop your patient from eating pickles. There are two rules I adhere to: First, in *acute* disease I generally let patients have anything they crave; second, in *chronic* disease I DO NOT. A drunkard craves that which is killing him—alcohol. Sour things must be prohibited; you must select a remedy that will antidote these tastes and cravings. For alcohol and tobacco, *Caladium* or *Asarum europæum*. Vinegar is craved by old alcoholics. Acetic acid runs as a type in many of these troubles. An old consumptive when permitted to drink vinegar will decline very rapidly, and if he is predisposed to hemorrhages, he will have them frequently.

The patient is dull, low-spirited, and depressed, both mentally and bodily. Patients addicted to the use of vinegar to excess do not recognize their own children—Acetic acid is homœopathic to this state in disease. Conditions brought on by the habitual use of coffee, tobacco, opium, and alcohol are antidoted by Acetic acid very high; nose bleed in anæmic subjects who look *pale, careworn*, and are subject to diarrhœa alternating with constipation, or have had the flow of bleeding piles suddenly checked. Under Acetic acid we have a breaking down of the red corpuscles and mucous membranes—this condition predisposes to hemorrhages. These patients take cold easily, and are subject to frequent catarrhal attacks.

*Milk impoverished, bluish, transparent, strong, sour taste and odor*; different in caseine and butter (Silicia also). Patient loses flesh and gets marasmus. (Diphtheria that *begins* in the *larynx* and *goes up*—*Bromine*.) Acetic acid has an exudation of a fuzzy, white appearance in the throat (larynx); child had been vomiting. Wrap throat with a cloth saturated with vinegar, place a vessel containing vinegar on the stove, and give *Acetic acid high*. Croup must correspond to these symptoms: Difficult breathing from laryngeal obstruction, pseudo laryngeal croup. A croup-like, hollow sound with each INHALATION. (In the Aconite croup the sound occurs with the EXHALATION. The Aconite croup has the following: The day before has been sharp and cold; the mother has been out with the child; when she returns she puts it to bed; at about ten o'clock, or *before midnight*, the child awakens, grasps its throat, and croups. It has the appearance of *ANGUISH* and *fear of death*.) Acetic acid is foremost in dropsy with a diarrhoea. In diabetes insipidus there is a large amount of light-colored urine (almost as clear as water); the urinometer stands at about 1015; *GREAT THIRST* and *EMACIATION*. *Night-sweats* very profuse, and you have the same *cachetic countenance*. Night-sweats in consumptives and old chronic invalids or after typhus, when they do not recover readily. Hemorrhages from lungs, stomach, and bowels. It is useful also in stings of wasps. If you can't get *Ledum*, apply vinegar locally. *Ledum* is a grand remedy for these poisonous stings. (Whenever there is laceration and threatened tetanus—*HYPERICUM*.) Acetic acid is an antidote to all anæsthetic vapors. After a patient has taken Chloroform he is sick at the stomach and there is no reaction; the inhalation of diluted vinegar will restore him.

*Pale, waxen, emaciated* countenance is a very important symptom. This is Acetic acid's "red-string." In all cases where vinegar has been taken, and those cases needing it, you will find the patient *pale, waxen, and emaciated*. The teeth feel dull and sometimes on edge. An important symptom is, indications of white film *low down* in the *fauces*. This is a remedy for *croup*, some *dropsies*, and diabetes insipidus—not where there is *sugar*, but a great quantity of watery urine. There is an inflammation of the throat which is cured by wrapping it with a flannel saturated with vinegar. Children swallow with some difficulty even a teaspoonful of cold water. In connection with this case the child will be *pale, waxen, and emaciated*. The patient is *run down* in this remedy. Ashy colored exudations in the throat. An important symptom is: *No thirst* in *fever*, but there is *thirst* in



*dropsy*. You would hardly think of any other remedy in consumption with dropsy of the feet and legs extending to the knees, especially if there is *great thirst*. *No thirst* in croup or fever. It also disturbs very greatly the pneumogastric nerve; hence we have nausea and vomiting. It may go on to ulceration of the stomach, and with this symptom we have a *pale, waxen* countenance. The stomach becomes so debilitated that the patient vomits after every particle of food, but it is said he retains water. (The Bismuth patient vomits every drop of water as soon as it touches the stomach.) (In *Arsenicum* the water when taken is either vomited or *passes THROUGH* the patient immediately.) (Under PHOS. the water comes up as soon as *warm* in the stomach.) Vomiting after every meal. The contents of the stomach feel as if in a ferment. Cold sweat on the forehead. Diarrhœa with swelling of the limbs and feet (dropsy) in phthisis. Diarrhœa in the latter stages of typhus and typhoid fever. Now, in this *latter* diarrhœa there is *no thirst*, but in the *former* diarrhœa there is *violent thirst*. In profuse hemorrhoidal bleeding you would not think of this remedy if the patient was *stout* and *robust* and *heartly*, but if *waxen*, *careworn*, *tired*, and *broken down*. A guiding symptom in pregnancy is: Sour belching and vomiting, with profuse water-brash and salivation, day and night. A person can be salivated as well by vinegar as by *Mercury*. *Calcarea* is very similar to this state during pregnancy. (A remedy for vomiting in pregnancy is *Symphoricarpus racemosus*.) Local applications of vinegar for hemorrhages after labor.

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### IN MEMORIAM: GEORGE HOSFELD, M. D.

PHILADELPHIA, Nov. 12th, 1884.

At a meeting of the Bœnninghausen Medical Club, of Philadelphia, the following preamble and resolutions were adopted:

Having been called upon by the will of Providence to part with our esteemed companion and trusted friend, George Hosfeld, M. D., we present the following resolutions:

1st. That during his life we recognized in him the qualities which make the honest man, the cherished friend, and the conscientious physician, and in his untimely death we bow to the Divine will which has removed from our midst one so fully qualified to adorn his chosen profession.

2d. That we extend our heartfelt sympathy to his bereaved family for the removal of a loved husband and relative, and to the community at large for the loss of a beneficent friend.

3d. That an engrossed copy of these resolutions be sent to his wife. That they be printed in the *Hahnemannian Monthly* and THE HOMŒOPATHIC PHYSICIAN, of Philadelphia, and that they be entered in the journal of this Society.

GEORGE T. PARKE, M. D.,	L. F. SMILEY, M. D.,
WILLIAM M. ZERNS, M. D.,	SAMUEL M. TRINKLE, M. D.,
GEORGE W. PARKER, M. D.,	DUNCAN MACFARLAN, M. D.,
F. BUCKMAN, M. D.,	JOSEPH HANCOCK, M. D.,
THOMAS S. DUNNING, M. D., <i>President</i> ,	
GEORGE W. SMITH, M. D., <i>Secretary</i> .	

## CLINICAL BUREAU.

### A CASE OF HAY FEVER.

A monograph on this subject appeared some years ago giving in a word *Ars. iod.* as the only remedy of special value, or, in fact, of any value, in this disease. Articles have lately appeared by two writers, both named MacKenzie. The result of these was nil as regards the management of the trouble. The *Ars. iod.* has not proven to be of value in but one case, so far as my experience goes. *Ambrosia artemes.* was given special mention a few years ago. This does seem to be of service in the asthmatic form *when indicated*. The value of a remedy in this, as in all other diseases, depends upon the similarity of the symptoms to those given by the patient.

This patient, a lady aged twenty-six, married, mother of two children, is slim and delicate; weight about eighty-five pounds; has had this distressing disease for ten years in succession; always had it very severely. Her life is made miserable by it.

September 4th, 1884.—She gave these symptoms as recorded then. The attack begins every year on August 15th to the very day. It comes with a nervous feeling, as though she would go wild, compelling her to walk about. Begins with sneezing in the early morning—"Sneezes twenty times," and seems as if it would tear her chest in pieces. Feels as though firecrackers exploded in right half of chest every time she sneezed. The eyes smart and burn; must rub them, which makes them worse; feel like something in them. After the paroxysms there is a small lump of cheesy, pus-like substance in the inner canthus of both eyes. Eyes feel blurred, objects are seen indistinctly, eyes

feel weak. Eyes feel hot when first going into the open air but are better later. Water runs from the nose after sneezing; water is hot and burning, makes the nose sore. Then the throat begins burning and smarting, is dry, feels closed, so that she can't speak. There appear in the back of throat little white granular spots. Constant effort to clear the throat. The chest symptoms follow. There is a sore spot in right chest under the clavicle, about two inches in diameter, sore, burning, sensitive to touch, a feeling as though it had been burned. The cough is dry, worse from a draught of air; dreads the cold air, afraid of cold, yet feels relieved after she has been out a short time. Pain in the sore spot from coughing. No expectoration. Headache all the time, usually relieved after vomiting, but now vomits only water, and the headache continues; begins in the top of the head, extends to the left temple, is hot and throbbing; aggravated from any exertion; moving makes it very sore; hot applications give temporary relief. Appetite variable, fruit tastes best; thirsty, drinks much but not often; water does not quench her thirst, prefers beer. Has backache, with nausea at stomach, better when lying down. Leucorrhœa slight. During last flow (second day) felt as though everything would come out, as if bones of pelvis spread apart; flow too profuse and lasts too long. Aching in thighs from front to back; seems "deep in the bones." Sleep light and unrefreshing. Dreams of the affairs of the day. Palpitation on going up and down stairs or from exertion. Marked prostration. Perspires freely. Saliva runs from the mouth when asleep. Feels generally worse in the evening. Feels irritable and little things offend. Cal. carb.<sup>mm</sup>

September 10th.—Took a powder the eve of the 4th and on the eve of the 5th, but felt so much better next day that she took the disks (Sac. lac.) alone. The first change noticed was that the "spells" were lighter in degree and length. Eyes have not troubled so much. Has not been so nervous, felt quiet. Not so sensitive to cold. Still has a choked feeling and the nose discharges *before* she sneezes. The former attacks *began* by "sneezing twenty times." There is less smarting and burning. Eyes feel stronger. Breathing better, does not have the tight feeling. The sensitive spot is comfortable except when sneezing. Throat more comfortable. Fewer little spots in the throat. Less of the closing feeling, "nearly gone." Feels much stronger. Has no need to hack or clear the throat. The spot is sore and slightly tender, but the burning is all gone. Coughs rarely. No dread of fresh, cold air. Went to a party Saturday (6th) and expected to be troubled greatly, but was entirely free from it. Headache

absent since Friday (5th). Back "a great deal better." Has not noticed the salivation at night. S. L.

I have met the patient frequently since, and she said she had not a symptom of the trouble afterward. She has gained in weight remarkably fast since, and feels better than she has before in her life.

Symptoms prominent: takes cold very easily; the wind seemed to blow "right through her." Great weariness. Symp. 987 reads: "Sore pain in right mamma on the slightest touch." 990: "*During the cough pain in the chest as if raw*, evenings and nights." "Irritable without cause; peevishness and obstinacy." 340: "*Sore, ulcerated nostril, preceded by frequent sneezing.*" 348: "*Severe coryza, with headache* and oppression of the chest." Headache relieved by vomiting mucus and bile. C. H. G. 554: Great thirst for beer.

HYDE PARK, ILL.

W. S. GEE.

## WHAT I KNOW ABOUT PHYTOLACCA.

WM. JEFFERSON GUERNSEY, M. D., PHILA.

It is but little, yet that knowledge, meagre as it is, has not only proven to the writer how potent is *the* law of cure, but given much relief from suffering hard, indeed, to be endured.

Who can paint a picture of greater mental agony than that of a poor, unmanned man, who, having once endured the tortures of quinsy, again feels the grip of this visionary hangman? who with horror recalls the nearly locked jaws, the swollen tongue, the breath that was fetid beyond endurance, even to himself, the constant and profuse flow of saliva that compelled frequent efforts at deglutition, the bare thought of which was agony; the sleepy sleeplessness, the restlessness, debility, the starving hunger, with loathing of food?—to such a "hell on earth" does he look forward with fear and trembling, yet with utmost certainty. What, then, must be the relief when that great burden of fear is removed by being assured that his disease can be arrested!

Homœopathy here scores one of its triumphs; for not only does it abort this painful affection, but by so doing it eventually destroys totally the liability of its recurrence. Scarcely a case of tonsilitis but can be at once resolved if prescribed for early.

We have many remedies capable of doing this, but none has served me more faithfully than *Phytolacca decandra*. Unless some other remedy is *indicated*, I usually think of that. It is especially useful if the patient complain of pain at the root of



the tongue or to the ears when swallowing, of much dryness of the throat with the soreness, and the fauces and tonsils appear dark—perhaps of a bluish cast. Very many times has one prescription of one, two, or never more than three powders of the 50 M of this remedy, an hour apart (when not half so well indicated), been all the medicine used, and generally afforded relief in a few hours, or at most a day. A case so treated will not trouble you often.

One lady, who had *expected* this semi-annual visitor and never been disappointed in a dozen years, was cured the first time thus in twenty-four hours, the second in twelve hours, and has had an entire immunity from it now for five years. This patient so lauded my praises once in a store where I chanced to meet her that I was glad to make my escape. Yet not I, but Homœopathy, deserved all the glory.

We have looked with a pitying eye on the quinsy patient. What shall we say—what need be said—of the miserable being with a “gathered breast”? Where is there a merciless nurse who will not shudder at the thought? *Phytolacca*, again, may save many a long, feverish night, many a bitter hour of suffering, and many a heartache, as the mother thinks of her little one. The right breast is the one affected; the gland seems full to overflowing and has, perhaps, for several days yielded an over-abundance of milk, even to the extent of prostrating the patient; the breast feels stony, hard, and painful; she is totally indifferent to life or predicts her death. Again, the breast has been abscessed and badly treated; large, gaping, and inflamed ulcers are seen, having a thin, fetid discharge.

The use of this remedy in mammary troubles is not confined to educated homœopaths; the “cow doctor” knew something about its virtues before you or I dreamed of “*similia similibus curantur*.”

About two years ago a tall fellow, of splendid physique, limped into my office with what he had been told was “sky attic.” The pain was worse in, and almost wholly confined to, the right limb, aggravated at night, and had a downward course.

R. Four powders of *Phytol.*<sup>50m</sup>, and in twenty-four hours he walked without limping and had slept nearly all night without pain. This patient had taken the usual “hundreds of dollars’ worth of medicines” and suffered for years. The indications in his case were “clean cut” for the remedy—hence the quick relief.

Not much space has been awarded *Phytolacca* in the therapeutical works of Homœopathy, and he who trusts to these alone

in preference to the more laborious but safer plan of "symptom hunting" in the repertory will lose many a valued suggestion and pet indication of his "grave and reverend seniors." It is a good plan to search the repertory while prescribing, even when apparently sure of the remedy. It often leads to a change of base in treatment, and several times has the writer found the subject of this little paper thrust unexpectedly upon him.

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## DIPHTHERIA—PHYTOLACCA.

WALTER M. JAMES, M. D., PHILADELPHIA.

In May last I was called to see a child suffering from sore throat. Upon inspection the appearances strongly suggested diphtheria. Being quite uncertain of the diagnosis, as well as the indicated remedy, I gave Sac. lac. and decided to wait until the morrow for further developments.

The next day the diagnosis was confirmed ; it was a case of diphtheria of a most malignant type. The tongue was broad and flabby, the edges quite red, with ulcers here and there upon it, the saliva abundant and having a most fetid odor. The tonsils were much swollen, and in a few hours later the sub-maxillary glands became enormously enlarged. The child showed a strong tendency to stupor.

My first thought was of Mercury. But there was an absence of the indentations upon the edge of the tongue and the profuse sweat. Baptisia was finally given. The next morning the stupor had almost disappeared. Improvement continued thus from day to day for a week very slowly, sometimes seeming to be suspended yet the patient never retrograding. Finally vomiting set in. Instead of giving a remedy hap-hazard, I tried to find reliable indications.

The principal symptoms presenting indications were the following :

1. Profuse saliva.
2. Ulceration of tonsils.
3. A membrane hanging from the palate down the throat like a curtain.
4. Vomiting.

All these symptoms appeared under Phytolacca in *Hering's Condensed Materia Medica*.

Accordingly, I gave this remedy. The vomiting stopped at once. The membrane fell off in twenty-four hours and was expectorated, and the boy made a good recovery.

## CLINICAL NOTES.

Alex. Kerr, æt. forty-eight, consulted me April 1st with a very painful chronic spasm of the right side of the face. This annoying complaint began five years ago. It was called a neuralgia, and after taking crude drugs for a year or more without benefit the lamented Hodgen resected a portion of the inferior dental nerve, which was followed by relief for six months, when the pain and spasm returned with full violence, giving him no rest during the day. Some two years ago he was again operated on at the Missouri Medical College clinic by cutting down upon the dental foramen, seizing the inferior dental, and drawing it out an inch and cutting it off close up to the foramen. This was followed by relief for several months.

At present, when he desires to sleep, he lies quietly without moving a muscle, and he soon sleeps, but if at any time during the night while moving his body he also moves his jaw, the pain and the spasm return and rend until he is nearly wild with suffering; finally he forces himself to be quiet, and he again sleeps.

Hard pressure relieves; hence while sitting in my office he held his hand pressed hard against the right side of the face. When he was compelled to talk to answer my numerous questions, the first motion would cause a return of the spasm.

While chewing and swallowing he suffered intensely, and he ameliorated the pain by pressing hard against the cheek. All the muscles of the right cheek seemed to take part in this violent spasmodic action. The pain was present only during the spasm. The violent spasm seemed to cause the pain by the violent tension of the nerve filament within. I could glean no other wrongs or symptoms. He was a very hardy fellow, and said he could do any kind of labor if this jerking would only go away. This patient had always been treated pathologically, and remedies had no effect when selected by this extremely fallible guide. We shall see what our symptomatology can do, and how it does it. It seems strange that a system of therapeutics several thousand years old should fail to cure such a simple little trouble.

The case is so very simple and the cure so very quick, I suspect that a tyro in the "art of healing" could not fail to cure this very simple case.

Chronic spasms of the cheek: *Agar.*, *Bell.*, *Bry.*, *Calc. c.*, *Caust.*, *Con.*, *Hep.*, *Dulc.*, *Lach.*, *Lyc.*, *Nat-m.*, *Nux.*

# SUPPLEMENT

[Containing symptoms and remedies omitted from the repertory proper, also those not repeated under proper headings, and those less frequently met with.]

**ABDOMEN**, pain in, dry, fatiguing cough from titillating in larynx; worse after midnight, in morning, and after eating, causing pain in stomach and soreness in abdominal walls: *Nux v.*<sup>7</sup>

— pain in umbilical region, very intense when coughing or stooping: *Sepia*.<sup>6</sup>

**AIR**, open. See also Walking in Open Air, p. 137.

**AIR PASSAGES**, cough from dull cutting, which becomes a stitch, in the air passages, from below upward, with mucus in chest: *Arg.*<sup>7</sup>

— stuffed up, influenza, air passages feel; dry, hard cough, stiffness in back and limbs: *Rhus*.<sup>7</sup>

**ANGER**, easily angered, and from it cough and stitches in chest: *Arg. n.*<sup>7</sup>

**ANUS**, stitches in rectum when coughing: *Nitr. ac.*<sup>6</sup>

**APPETITE**, capricious in a case of chronic cough and dyspnoea: *Kali b.*<sup>20</sup>

**ARMS**, dry cough with pain in arm and shoulders: *Digit.*<sup>6</sup>

— during cough, sudden pain in lower right arm, striking from above downward: *Puls.*<sup>6</sup>

— stitches in chest with cough and heat on the lower chest and upper arm: *Calc. ph.*<sup>7</sup>

**BARKING** cough: *Ant. t.*,<sup>24</sup> *Caps.*,<sup>6</sup> *Lyssin.* (*Hg.*), *Merc. ac.*<sup>1</sup>

— cough, dry, from tickling in larynx and pit of stomach; worse at night, also in day when lying down: *Nitr. ac.*<sup>7</sup>

— cough waking suddenly, 11 P. M.; face fiery red, crying with cough: *Bell.*<sup>7</sup>

**BATHING**, excites cough: *Nux m.*<sup>7</sup> See Washing.

**BED**, changing position in, amel. cough: *Ign.*<sup>2</sup>

— lying in, excites cough: *Agnus, Crot. t.*

— — — tickling in throat and cough morning, preventing him from lying in bed: *Coc. c.*<sup>1</sup>

— after rising from bed in morning, agg. of cough: *Plumb.*<sup>7</sup>

— on rising from bed, cough: *Ars.*

— sitting up in. See Sit Up, p. 96.

— — cough when lying in bed, must sit up or sleep in chair from sense of suffocation: *Crot. t.* (*J. C. Robert.*)

— warm in, cough amel. on becoming: *Kali b.*<sup>7</sup>

**BELCHING**. Compare with Eructation, p. 39.

— after the cough: *Sul. ac.*<sup>7</sup>

— before and after coughing: *Sang.*<sup>7</sup>

— causes a scratching in throat, irritable larynx, then is followed by a cough: *Staph.*<sup>7</sup>



**BELCHING** or straining to vomit during an attack of cough: *Arg. n.*<sup>7</sup>

— cough with belching, gagging or vomiting: *Cimex.*<sup>7</sup>

**BODY**, cough in sudden paroxysms, convulses whole body: *Caps.*<sup>7</sup>

— **rigidity** of, with cough: *Bell., Cina, Cupr., Ipec., Led., Mosch.* —2.

— — dry, spasmodic cough, preceded by rigidity of body and unconsciousness: *Cina.*<sup>10</sup>

— **trembling** of, with cough: *Bell., Phos.*<sup>7</sup>

**BREAKFAST**, cough amel. after: *Aspar, Lach.*—5.

**BREAST**, stitches in left, when coughing, disturbing sleep: *Con.*<sup>6</sup>

— See *Mammæ.*

**BREATH**, deficient (short) being, agg. cough: *Aur., Euph.*<sup>6</sup>

— fetid: *All. sat.*<sup>28</sup>

— **gasping** for, violent spasmodic cough, commencing with gasping for breath, and continuing with repeated erowing inspirations until patient grows purple or black in face and is quite exhausted: *Coral.*<sup>2</sup>

— **short** before the cough: *Phos.*

**BREATHING**, interrupted (*dyspnœa*, etc.), with cough: *Ail-an., Aralia,*<sup>10</sup> *Coe. e., Ferr.,*<sup>5</sup> *Guai.,*<sup>6</sup> *Mur. ae.*<sup>7</sup> (See p. 11.)

— **arrested**: *Guai.*<sup>6</sup> (See *Chest, Obstruction of, Supplement.*)

— **arrest** of, contractive pain in hypochondria with cough, arresting the breathing; the cough is prevented by the pain, unless he presses with his hand on the pit of the stomach: *Dros.*<sup>6</sup>

— **asthmatic** attacks at night, with slow difficult breathing, which promotes cough: *Coloc.*<sup>7</sup>

**BREATHING**, **asthma**, cough with, evening, in bed; each cough produced a stitch in sero-bienulus: *Amm. e.*<sup>7</sup>

— **asthma** increased, and following a bloody night cough: *Ferr. ac.*<sup>6</sup>

— — evening when lying in bed; the cough is excited by deep inspiration: *Graph.*<sup>6</sup>

— — asthma, worse lying down, spasmodic cough; spasm of larynx; pulsations in chest; often with profuse, purulent sputa: *Sil.*<sup>7</sup>

— — asthma, worse at night, with red face; coughing spells or sensation of adhesion of lungs: *Thuja.*<sup>7</sup>

— cough which makes the boy quite breathless day and night: *Natr. m.*<sup>6</sup>

— **ceases**, whooping cough, child gets stiff, breathing ceases, spasmodic twitchings, after awhile consciousness returns, they vomit and recover, but slowly: *Cupr.*<sup>7</sup>

— **constriction**, sensation of, impedes respiration, with dry, tickling cough: *Brom.*<sup>7</sup>

— **difficult**, frequent cough on account of mucus in chest; mucus rises into throat, causes difficult breathing, and finally cough with expectoration: *Asar.*<sup>7</sup>

— **dyspnœa**, severe on lying down; exhaustion worse in chest after every exertion; sudden weakness, tottering while walking; blood seems to rush into chest as if it would burst; with frothy, white sputa and much retching; an hour after, slight coughing brings up gray, lumpy mucus; relieved by bending body forward: *Spong.*<sup>7</sup>

— — great dyspnœa and great anxiety but not restless; cough in violent spells, watery, profuse expectoration: *Carbo v.*<sup>7</sup>

**BREATHING**, dyspnœa (sensation of spasmodic contraction when coughing or sneezing): Merc.<sup>7</sup>

- **expire**, rough, scraping dry sensation in fauces, causing hacking cough, yellow mucus expectoration and hoarseness, so that he can only speak with great exertion, in a deep bass voice, together with oppression of chest, as if air were withheld on talking, coughing, so that breath could not be expired: Dros.<sup>1</sup>
- **inhale**, irritation to cough is so sudden and so violent can scarcely: Sepia.<sup>6</sup>
- **oppressed**, 6 P. M., with cough, right lung sore, sneezing: Bapt.<sup>7</sup>
- **sawing**, whistling, breathing between coughs: Spong.<sup>7</sup>
- **short** from rapid coughing: Dros., Euphr., Merc., Sepia.
- — short, oppressed breathing, owing to aching, rather than stitching pains, cough with green, tough expectoration and palpitation: Cann. s.<sup>6</sup> (Clinical.)
- — shortness of breathing, from frequent loose cough when coughing while standing: Natr. sul.<sup>6</sup>
- — dry cough with shortness of breath until expectoration sets in: Guai.<sup>10</sup>
- — short inspiration, long, slow expiration, epigastrium drawing fine rales, constant cough, sopor, blue face; great anguish and dread of suffocation; looks as if dying; slightly better from cold air and bending forward: Op.<sup>7</sup>
- **suffocated** and oppressed about 3 A. M., must sit up to get air; after cough and expectoration is better: Ant. t.<sup>7</sup>

**BREATHING**, suffocation, titillating itching in region of pit of throat, threatening suffocation, until a concussive cough sets in, continuing for hours, and causing a pain in abdomen and throat: Sil.<sup>6</sup>

- — cough, with sudden paroxysms of suffocation, on swallowing; respiration very short; obliged to catch for breath: Brom.<sup>7</sup>
- **suffocating** cough, the child becoming quite stiff and blue in face: Ipec.<sup>6</sup>
- — suffocating feeling even down to epigastrium, as if tough phlegm must work up with the cough; despair even to suicidal feeling; prostrate, tearful after the attack: Rumex.<sup>7</sup>
- — See also Suffocation and Suffocative Cough, pp. 110 and 111.
- **wheezing**, anxious, worse during inhalation, with violent laboring of abdominal muscles; whistling, sawing, between coughs: Spong.<sup>7</sup>
- **whistling** breathing at beginning of cough: Asar.<sup>7</sup>
- — phlegm in larynx causing rattling whistling breathing, until removed by coughing: Arg. n.<sup>7</sup>
- whistling, sawing, between coughs: Spong.<sup>7</sup>

**BRONCHI**, crawling in, dry whistling cough, evening in bed, caused by crawling below larynx, or as if in upper bronchi, with dyspnœa: Kreos.<sup>7</sup>

- **heat** in, hoarse, rough, hacking cough, excited by a sensation of heat and soreness in bronchia, without expectoration; worse evening: Eupat. per.<sup>2</sup>
- **irritation**, dry cough caused by irritation in bronchia, with sore pain: Arg.<sup>7</sup>

**BRONCHI**, irritation, or tickling at bifurcation of, excites cough: *Kali b.*<sup>2</sup>

- **oppression** at bifurcation of bronchi, better after successful cough: *Caps.*<sup>7</sup>
- **tickling**, dry teasing cough from tickling in bronchia, or even uncovering a hand, with tearing pain in chest, stitches, profuse sweat, and pain in stomach; cough agg. evening, and before midnight, or in morning soon after waking: *Rhus.*<sup>7</sup>
- **tickling** in, excites cough: *Sepia*, *Sticta.*—7.

**BRONCHIAL** cough, continual, deep, without pain, worse from exercise: *Ailan.*<sup>7</sup>

- dry bronchial cough, with sensation of roughness, and slight increase of heat in trachea and bronchia: *Phyt.*<sup>6</sup>
- tickling in the lower parts of the bronchial tubes, inducing cough, with slight expectoration: *Verat.*<sup>6</sup>

**CATARRH**, at first dry, later loose, with rattling cough, profuse sweat, sickly look, hollow eyes, restless sleep; expectoration yellow: *Arg. n.*<sup>7</sup>

- with cough: *Spig.*<sup>7</sup>
- — —, hoarseness, fluent coryza and sore throat: *Merc.*<sup>10</sup>
- and coryza, with feeling of exhaustion, headache, tickling roughness exciting cough: *Graph.*<sup>6</sup>
- Compare with Coryza, etc., pp. 28 and 81.

**CHEST**. See Lungs and Bronchi.

- **aching** pain in, when coughing: *Mag. m.*, *Phyt. (r.)*, *Samb.*<sup>6</sup> *Stront.*—6.
- — pain in chest and sides, with cough: *Phyt.*<sup>7</sup>

**CHEST**, aching in side of, almost like a stinging when coughing: *Coff.*<sup>6</sup>

- **blood**, determination of blood to chest, excites dry cough: *Aloe.*
- **burning** in, causes dry cough: *Caust.*<sup>1</sup>
- **burning** in, with or from cough: *Ailan.*<sup>7</sup>
- — — fatiguing cough with asthma and: *Carbo v.*<sup>6</sup>
- — — up to throat with, until the expectoration becomes loose: *Nitrum.*<sup>6</sup>
- — —, discharge of blood during dry cough, with burning and soreness in chest, morning and evening: *Zinc.*<sup>6</sup>
- — — coughing excites much burning in chest, which soon passes off, until another coughing spell: *Mag. s.*<sup>14</sup>
- — — burning soreness in right chest; loose cough but no sputum; coldness between scapulæ: *Natr. c.*<sup>7</sup>
- **burst**, spasmodic cough, which seems as if it would: *Lact. v.*<sup>2</sup>
- **concussion** as from a shock in temples and at same time in chest, when coughing: *Lyc.*<sup>6</sup>
- of whole chest from dry cough: *Senega.*<sup>6</sup>
- — See Shaking, Shocks of.
- **constriction** across, causes convulsive cough: *Ipec.*
- — dry cough, with constriction of chest, from tickling in throat: *Lact.*<sup>2</sup>
- — dry cough from hot constriction of chest: *Carbo v.*
- — cough causing sensation of constriction of chest, has to press hand on it: *Dros.*<sup>10</sup>
- — sensation of constriction impedes respiration, with dry tickling cough: *Brom.*<sup>7</sup>

**CHEST, constriction**, sensation as of, excites spasmodic cough: Mosch.,<sup>2</sup> Stram.<sup>2</sup>

— — constriction of upper part of chest, accompanied by soreness, when coughing: Cham.<sup>6</sup>

— **contraction**, sensation of painful spasmodic contraction in chest, with short asthmatic cough, excited by irritation in larynx: Amm. c.<sup>7</sup>

— — hoarse ringing short cough, excited by tickling in trachea, with asthmatic feeling therein; spasmodic contraction of thorax and accumulation of stringy mucus: Asaf.<sup>7</sup>

— — of chest with suffocating contraction of chest: Stram.<sup>7</sup>

— **cramp**, suffocating and choking cough, 5 A. M., as from dryness in larynx; can't speak on account of cramp in chest; red face and sweat over whole body: *Kali c.*<sup>1</sup>

— **crawling** and tickling in middle of chest, excites a dry convulsive cough: Kreos.

— **creeping** in, spasmodic cough from: Squil.<sup>2</sup>

— **cutting** in, with cough: Mag. s.<sup>6</sup>

— **deep**, cough deep from chest: Petr.,<sup>7</sup> Selen., Speng.—6.

— — dry cough at night coming deep from chest, caused by a scratching in throat, with stitches under the sternum: Petro.<sup>7</sup>

— — constant cough from a deep spot in chest, where he feels a pain, as if that part of the chest had become sore and bleeding from the cough: Speng.<sup>6</sup>

— — whooping cough, violent, racking; seemingly coming deep from chest, in paroxysms of long continuance; followed by expectoration of ropy mucus, adhering to pharynx: Lobel.<sup>7</sup>

**CHEST, empty**, continual slight cough, with feeling of hollowness and emptiness in chest after expectorating little lumps of mucus: Calad.<sup>6</sup>

— **excoriated**, pain as if, from coughing: Digit.<sup>6</sup>

— **fatigue**, evening cough fatiguing the chest, caused by an irritation in lower part of trachea: Petro.<sup>6</sup>

— **fly to pieces**, pains as if it would: Mur. ac.,<sup>6</sup> Sulph.<sup>7</sup>

— **hard**, oppression of chest and feeling as of a hard mass there; hard racking cough, excited by inspiration: *Sticta*.<sup>7</sup>

— — painful sensation, as of something hard lodged in chest; has to try to cough it up; coughing does not remove the sensation, only aggravates; water-brash often follows the cough: *Abies nigra*.

— — painful sensation, as if a stone were pressing down in pleural cavities, and violent pressure from sternum to scapulæ: Coral.<sup>6</sup>

— **heat** on lower part of chest and upper arm, with cough and stitches in chest: Calc. ph.<sup>7</sup>

— **heaviness**, weakness or soreness in chest, with dry cough: Psor.<sup>7</sup>

— **hollow** and empty feeling (See above under Empty): Calad.<sup>6</sup>

— — and cold sensation in, after expectoration: Zinc.<sup>6</sup>

— **hot**, whooping cough, even of sucklings, sounding like croup; rattling breathing, anxious and restless; chest and abdomen hot, urine pale: Asaf.<sup>7</sup>

— **infiltration** in lower part of chest causes a dry cough: Kreos.



**CHEST**, irritation in, excites (or agg.) cough: Ant. ox.,<sup>1</sup> Ars., Grat., Ph. ac., Puls., *Rhus*.—12.

— — — cough from irritation in chest, with expectoration in morning of dark blood, or of a thin, yellow, blood-streaked mucus, generally of sourish taste: Sul. ac.<sup>10</sup>

— — — paroxysms of asthmatic whooping cough from: Sul. ac.<sup>2</sup>

— **itching** in lungs low down, and extending up through trachea to nose, and itching of tip of nose, before coughing: Iod.

— — — chest (trachea), and pit of throat, with dry cough, which does not alleviate the itching: Phos.<sup>6</sup>

— — — spasmodic, shattering whooping cough: Puls.<sup>2</sup>

— — — violent spasmodic nightly (whooping) cough from: Con.<sup>2</sup>

— **moving** the, excites cough: Anac., Bar., Cocc., CHINA, Dros., Lach., Mang., Merc., Mur. ac., Natr. m., NUX v., Phos., Sil., STANN.—11.

— **mucus** in, cough as from mucus in chest which cannot be detached: Kreos.<sup>6</sup>

— frequent cough on account of mucus in chest; mucus rises into throat, causing difficult breathing and finally cough with expectoration: Asarum.<sup>7</sup>

— cough (dry, barking, hollow, croupy; wheezing, asthmatic); caused by burning tickling in larynx like a plug or valve, or by feeling of accumulation of mucus and weight in chest: Spong.<sup>7</sup>

— hollow cough, especially night and morning, with tightly adherent mucus in chest, and with

**CHEST**, mucus—(*Continued*).

sensation of soreness on the chest: Caust.<sup>7</sup>

— — attacks of cough like whooping cough, during day, from mucus in chest: *Euphr*.<sup>2</sup>

— **obstruction**, she is suddenly attacked with a sensation of obstruction in chest, in region of heart, as if breathing would be arrested; the attacks are frequent, occur even at night when asleep, and excite an almost entirely dry cough, returning until expectoration sets in: Guai.<sup>6</sup>

— **narrowness** of, a single cough from feeling of: Lobel.<sup>7</sup>

— **oppression** of, with cough: Ailan., Apoc. c., Lac. can.,<sup>26</sup> Mil-lef., Nitrum,<sup>6</sup> Sticta.—7.

— — — after coughing: Cocc.

— — — causes deep dry cough, on inspiration, with soreness of chest: Hepar.<sup>6</sup>

— — — dry exhausting cough, morning and evening, with oppression of chest and roughness in throat: Rhodo.<sup>10</sup>

— — — and feeling of hard mass there; hard, racking cough, excited by inspiration: Sticta.<sup>7</sup>

— — — subdued cough from oppression of the chest: *Hepar*.<sup>6</sup>

— **pain** in, on coughing: Ailan.,<sup>7</sup> Cham.,<sup>7</sup> Mezer., Mosch., Naja, Psor.,<sup>7</sup> Samb.,<sup>6</sup> Upa.—1.

— —, aching in, on coughing: China, Mang., Mag. m., Phyto.,<sup>7</sup> Raph.,<sup>19</sup> Samb.,<sup>6</sup> Stront.—6.

— — deep in: Graph.<sup>6</sup>

— — dull pain in: Zinc.<sup>7</sup>

— — excites cough: Iod.

— — excites a hollow, deep, spasmodic cough: Meph.<sup>10</sup>

— — frequent dry cough with racking pains in middle of lower por-

**CHEST, pain—**(*Continued*).

- tion of breast, extending as far as liver: *Cimex*.<sup>6</sup>
- — in left side: *Sticta*,<sup>7</sup> *Tarent*.<sup>1</sup>
  - — in right side: *Apis*,<sup>1</sup> *Caust.*, *Spong.*, *Sulph*.<sup>1</sup>—7.
  - — in right side, worse from motion, laughing, coughing, with sweat: *Psor*.<sup>7</sup>
  - — in right side; must lie quietly on back and press with hand; short breath and slight cough: *Cimic*.<sup>7</sup>
  - — dry teasing cough from tickling in bronchia, or uncovering even a hand, with tearing pains in chest, stitches, profuse sweat, and pain in stomach; cough is agg. evening, before midnight, or in morning soon after waking: *Rhus*.<sup>7</sup>
  - — and soreness in, with dread of cough: *Mag. m*.<sup>6</sup>
  - **pressure**, hoarseness, sudden and violent, with dry cough and pressure on chest, during rough weather: *Mag. m*.<sup>6</sup>
  - — in, cough from: *Iod*.
  - — great pressure on chest, when attempting to cough; this is prevented by the pain: *Sil*.<sup>6</sup>
  - — painful cough, with sensation as if a stone were pressing downward in pleural cavities, and violent pressure from sternum to scapulæ: *Coral*.<sup>6</sup>
  - — as from a load: *Asaf.*, *Samb.*—2.
  - **pressure** on (support or hold) chest, amel. pains of cough: *Arn.*,<sup>10</sup> *Bry.*, *Cimic.*, *Merc.*, *Sepia*.<sup>10</sup>—6.
  - — on chest and groin, amel.: *Borax*.<sup>5</sup>
  - — cough causing sensation of constriction of chest, has to press hand on it: *Dros*.<sup>10</sup>

**CHEST, pressure,** cough with

- pain in sternum and chest, compelling, pressure of hand on it: *Kreos*.<sup>10</sup>
- — stitches in chest (left side), worse from motion, better from external pressure: *Arn*.<sup>10</sup>
  - **rattling** in, when coughing: *Coc. c.*,<sup>10</sup> *Cupr.*,<sup>2</sup> *Hepar*,<sup>2</sup> *Hydr. ac.*,<sup>2</sup> *Iod.*,<sup>6</sup> *Mur. ac.*, *Natr. c.*, *Natr. m.*, *Sarsap.*, *Sulph*.—7.
  - — See under *Respiration*.—*Supplement*.
  - — rough cough, with rattling in chest, followed by cramp in stomach, short breath, with heat in face: *Mur. ac*.<sup>7</sup>
  - **raw**, pain as if from cough: *Calc.*, *Phos.*, *Sepia*.—6.
  - **rawness** under clavicles: *Rumex*.<sup>7</sup>
  - — and soreness, with nightly heat and sweat: *Zinc*.<sup>6</sup>
  - **rumbling**, after attacks of whooping cough audible rumbling, gurgling down chest: *Mur. ac*.<sup>7</sup>
  - **scraping** in, with cough: *Mur. ac*.<sup>6</sup>
  - **scratching**, roughness and tickling in, excite a hollow or whistling, spasmodic cough: *Kreos*.<sup>2</sup>
  - **sensation** as if something in chest prevented exhalation, when talking or coughing: *Dros*.<sup>7</sup>
  - **shattering**, as from shock, in chest, and also at same time in temples: *Lyc*.<sup>6</sup>
  - **shootings**, cough with dyspnoea, vertigo, pains in loins and shootings in chest: *Kali b*.<sup>10</sup>
  - **side of**. See under *Stitches*.
  - **sore** pain in, when coughing; she dreads coughing, although it relieves her: *Mag. m*.<sup>6</sup>

**CHEST, soreness in**, from coughing: Psor.,<sup>7</sup> Zinc.<sup>6</sup>

— — cough with soreness, afterward coryza with obstruction and itching of nose: Nitrum.<sup>6</sup>

— — cough produces a painful soreness of chest; patient supports it with his hand when coughing: Eupat. per.<sup>2</sup>

— — dry cough, with soreness in chest and coryza: Gels.<sup>10</sup>

— — scraping cough, with soreness in whole chest and alternate hoarseness, heat and burning of hands and soles, bruised feeling of limbs, want of appetite, nausea, heat, profuse sweat at night, no thirst, constipation: Natr. c.<sup>6</sup>

— — cough causing sore pain in chest; pain was so bad had to go down on hands and knees, as in that position pain was eased: Eup. per. (E. W. B.)<sup>26</sup>

— — cough, with soreness of upper part of chest: Apis.<sup>7</sup>

— **spasm** of, dry titillating cough, night, with sort of: Sepia.<sup>6</sup>

— — — suffocative, deep, hollow whooping excited by: Samb.<sup>2</sup>

— **sternal** region. See Sternum, p. 105.

— **sticking in**, causes cough: Iod.

— sticking pain in left side of, with cough and want of breath when moving about, 1 P.M., relieved during rest: Natr. sul.<sup>1</sup>

— **stitches in**, on coughing: Calc. ph., Berb., Kali c. (r.), Kreos. (l.).<sup>6—7</sup>.

— — — Compare Stitches in Chest, p. 23, with Side, Stitches in, p. 20.

— — — easily angered, from it cough and stitches in chest: Arg. n.<sup>7</sup>

**CHEST, stitches in**, left side, agg.

by cough, with oppression of breathing; worse from motion, better from external pressure: Arn.<sup>10</sup>

— — — left side, when breathing and coughing, pains amel. from external pressure: Sepia.<sup>10</sup>

— — — and heat on lower part of chest and upper arm, with cough: Calc. ph.<sup>7</sup>

— — — with cough, profuse general perspiration and pains in abdomen: Rhus.<sup>10</sup>

— — — cough with drawing stitches in lowest rib, near the spine: Arg.<sup>7</sup>

— **stuffed** sensation, cough from a: Guai.

— **stone** pressing down. See under Pressure.

— **tension in**, region of left short ribs, during cough: Hell.<sup>7</sup>

— — over thorax with cough: Mezer.<sup>7</sup>

— — in, hacking cough from: Thuja.

— **tickling in**, excites cough: Carbo an. (r.), Sarsap.—7.

— — — causes a spasmodic, shattering cough: Rhus.<sup>2</sup>

— — — on entering room: Nitrum.<sup>6</sup>

— — — hollow, spasmodic cough from: Phos.<sup>7</sup>

— — — low down, dry cough: Ph. ac.

— — — middle of, causes dry cough: Kreos.

— — — — causes dry hollow cough, during rest: Enph.<sup>6</sup>

— — — itching in, causes a hollow, hacking, spasmodic, tickling cough: Phos.<sup>2</sup>

— — — — causes powerful, spasmodic nocturnal paroxysms of whooping cough: Con.<sup>2</sup>















